

**INQUEST INTO THE DEATH OF**

**L I S A   S H O R E**

**THE EVIDENCE OF MARTA PAPA**

**TAKEN FEBRUARY 8th, 2000**

**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 Drs. Schily, Catre and Wright	ANNE POSNO, MS.
Counsel for Corometric	VAN KRKACHOVSKI, ESQ.

**REPORTING PLUS  
(905) 477-0126**

1 THE CORONER: Good morning, Constable. Good  
2 morning, ladies and gentlemen of the jury.

3 Good morning, Ms. Browne.

4 MS. BROWNE: Good morning.

5 THE CORONER: The next witness?

6 MS. BROWNE: The next witness, I'm told the  
7 name is Marta Papa. I hope I've pronounced  
8 it right.

9 MR. HAWKINS: If I can just briefly  
10 interject, Dr. Cairns, yesterday I was asked  
11 to identify the nurses who were on the day  
12 shift, in addition to Ms. Phillibert. I have  
13 done so; three of them are here today. The  
14 fourth one now resides and now works in  
15 England, so she is unavailable and I haven't  
16 spoken to her. One of the names that came up  
17 yesterday was a Bruna Villela and she was not  
18 on that day and that was a misreading of some  
19 of the other information that is in Counsel's  
20 package.

21 THE CORONER: Thank you, Mr. Hawkins. I  
22 think Counsel met before we started and we  
23 are in agreement with that. I don't think  
24 there's any issue being taken with witnesses  
25 who are being called today.

1 MR. HAWKINS: I would also note that Ms.  
2 Papa worked the night shift last night,  
3 so ...  
4

5 MARTA PAPA, SWORN

6 EXAMINATION IN-CHIEF BY MS. BROWNE:

7 Q. All right. So, in other words, I will  
8 be brief. Okay, Ms. Papa, can you just tell us what  
9 you recollect -- what shift you were on the night of  
10 October the 21st and the morning of October the 22nd of  
11 1998?

12 A. I was working the October the 22nd long  
13 day, day shift.

14 Q. The long day? And what time did you  
15 come on?

16 A. I was a little bit late, so I arrived  
17 about 7:30, 7:35.

18 Q. Okay. When you got there, what did you  
19 find?

20 A. I saw the code happening and people all  
21 over the room and outside in the hallway.

22 Q. All right, did you take any part in the  
23 code at all?

24 A. I went over to see if they needed any  
25 assistance and they didn't, so, no, I did not.

1 Q. When you came on, how did you find out  
2 what had gone on the night before? Did you look at any  
3 typed summary or did you listen to any tape reports?

4 A. When I first came on?

5 Q. Yes.

6 A. Well, the code was happening.

7 Q. At any point?

8 A. No, I didn't know. Like, I just had  
9 spoken to some nurses just at the desk about what had  
10 happened, but no, I didn't get into specifics.

11 Q. So when you first came on and you spoke  
12 to some people and they told you that something had  
13 happened during the night. You don't remember what  
14 they told you?

15 A. They just said that it was a code blue,  
16 that she had arrested, and that's it.

17 Q. Did any nurse tell you who the person  
18 was, that it was Lisa Shore?

19 A. Yes. Yes, I knew it was Lisa Shore,  
20 yes.

21 Q. Who did you speak to, do you remember?

22 A. No, I don't.

23 Q. Did you speak to more than one nurse?

24 A. We were just standing around the nursing  
25 station, so we were just discussing it amongst each

1 other, but no, no one specific.

2 Q. The persons you were discussing it with,  
3 were they persons who had been on during the night or  
4 people who were just coming on themselves?

5 A. Probably both, from the night shift and  
6 the day shift.

7 Q. When you were talking to these people,  
8 did you get the impression from any of them that some  
9 of them knew what had happened? Did they tell you what  
10 happened?

11 A. No, no one specifically said anything,  
12 no.

13 Q. Were they discussing what could have  
14 happened or ...

15 A. No.

16 Q. All right. After whatever time did you  
17 listen to the tape reports that we've heard about  
18 yesterday?

19 A. In regards to Lisa Shore?

20 Q. In regard to anybody.

21 A. Yes, my patients, I did listen to their  
22 tape report.

23 Q. Were your patients -- the ones that -- I  
24 guess you didn't have Lisa, Lisa was no longer there,  
25 but did you hear anything at all on the tape report

1 about Lisa?

2 A. No, she was assigned to me that day, but  
3 no, I didn't listen about her report. I fast forwarded  
4 just to the patients that I had for that day.

5 Q. You mean when you put on the tape  
6 report, you heard the name "Lisa Shore"?

7 A. No, I didn't hear her name.

8 Q. But you said you fast-forwarded it?

9 A. I fast forwarded all -- like, just to  
10 the patients that I had, so ...

11 Q. But you must have heard something before  
12 you fast-forwarded it, right?

13 A. No, not necessarily.

14 Q. Well, how would you know to fast forward  
15 it to the patients you were taking charge of, if you  
16 didn't -- they could have been at the beginning?

17 A. It might have been some patient, but it  
18 wasn't specifically Lisa Shore.

19 Q. Did you hear anything at all on the tape  
20 report that referred to Lisa Shore?

21 A. No, I didn't.

22 Q. Did you see any patient care summary?

23 A. I had her patient care with my pile of  
24 patients, but I just looked at the top of her name, and  
25 that's it, I just put it aside. I didn't read her care

1 plan or anything.

2 Q. Did you hear anything at all in the  
3 discussions you had about Corometric monitor, apnea  
4 alarm turned off, Kidcom orders, did you hear any  
5 reference to that at all?

6 A. No, I didn't.

7 Q. Do you know what happened to the tape  
8 summary?

9 A. I had it with my pile of patients that I  
10 had for the day and I just put it aside in a little  
11 corner that I always keep my care plans, but at one  
12 point in the day, I believe I put it in the recycle  
13 bin, but I'm not a hundred percent sure.

14 Q. You what?

15 A. Put it in the recycle bin.

16 Q. The tape?

17 A. Oh, sorry, the tape.

18 MR. GOMBERG: No, I think she's confused.  
19 You asked about the tape and she was  
20 responding with regard to the nursing care  
21 plan.

22 THE WITNESS: Oh, sorry.

23

24 BY MS. BROWNE:

25 Q. Yeah, I was talking about the tape.

1           What did you do with the tape after you fast-forwarded  
2           it and listened to your ...

3                   A.    I just left and -- stopped it and left  
4           the conference room.

5                   Q.    At the end of the day, what -- does  
6           somebody look after it and turn it back or ---

7                   A.    Usually we just rewind and retape over  
8           top of it.

9                   Q.    Was it you who actually rewound it?

10                  A.    No, I didn't, no.

11                  Q.    Okay, thank you.

12                  THE CORONER:    Mr. Krkachovski?

13                  MR. KRKACHOVSKI:    Thank you, Mr. Coroner.

14  
15           CROSS-EXAMINATION BY MR. KRKACHOVSKI:

16                   Q.    Ms. Papa, over here, where were the  
17           patient care summaries when you got them that morning?

18                   A.    They were at the front desk on top of  
19           the counter.

20                   Q.    And were they organized?

21                   A.    Yes, they were.

22                   Q.    Stapled?

23                   A.    Stapled, and my name was on the top of  
24           one of the care plans.

25                   Q.    All right.  And it's not clear in my own

1 mind, was it established who -- which nurse was  
2 supposed to care for Lisa on the day shift?

3 A. Yes, when I arrived on the unit, I had  
4 looked on the board and I was assigned to Lisa for that  
5 day.

6 Q. And did you at any point have a look at  
7 her patient care summary?

8 A. No, I didn't look at it.

9 Q. Did you see either Nurse Doerksen or  
10 Nurse Soriano at all that morning?

11 A. I did see them, yes.

12 Q. All right. At what point in the  
13 sequence of events?

14 A. I don't recollect.

15 Q. When you first saw them?

16 A. I don't recall exactly. I knew they  
17 were around pretty much most of the morning, but I  
18 don't recall exactly.

19 Q. When you say they were "around," were  
20 they specifically in a room or were they just around  
21 the ward, what were they doing?

22 A. They were -- like, I saw them during the  
23 day, but I don't specifically know exactly where they  
24 were at what point, where they were.

25 Q. All right. Did you speak to either of

1           them that day?

2                   A.    No, I didn't.

3                   Q.    Did you speak to them subsequently about

4           what happened through the night?

5                   A.    No, I didn't.

6                   Q.    Did you speak to Mary Douglas that day?

7                   A.    No, I didn't.

8                   Q.    Or subsequently?

9                   A.    No.

10                  Q.    After the code was over, I understand

11           Nurse Phillibert was also on the day shift?

12                  A.    Yes, she was.

13                  Q.    All right.  Once the code was over, how

14           did she occupy her time?

15                  A.    I don't recall exactly.

16                  Q.    Do you recall anyone being given the

17           task of guarding Lisa's room until the Coroner arrived?

18                  A.    Yes, I do.

19                  Q.    Who was that?

20                  A.    I knew there was a nurse in the room,

21           Kiersten Farquharson and Kiersten Farquharson ---

22                  Q.    Yes.

23                  A.    --- was in the room and I do remember

24           Sian standing outside the odd time, not the full time,

25           I don't remember it, but ---

1 Q. Was Kiersten inside the room the entire  
2 time, so far as you know?

3 A. Yes.

4 Q. Until the Coroner arrived?

5 A. I believe so. I don't know what time he  
6 came.

7 Q. Was anyone else in the room for an  
8 extended period of time after the code was over?

9 A. I don't remember.

10 Q. Thank you.

11 THE CORONER: Ms. Posno?

12 MS. POSNO: I have no questions, thank you.

13 THE CORONER: Mr. Gomberg?

14

15 CROSS-EXAMINATION BY MR. GOMBERG:

16 Q. Ms. Papa, I have a few questions to ask  
17 you. I'm a little confused by the sequence of events,  
18 so if I can back up, maybe you can help me. You got  
19 there, I think you said, late.

20 A. Mm-hmm, yes.

21 Q. All right. So you got there, the code  
22 had, you think, just been called?

23 A. I knew it hadn't just been called,  
24 because I saw all the ---

25 Q. All right, so it was already going on.

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A. Yes.

Q. All right. But you don't know how long it had been going on?

A. No, I don't.

Q. All right. So you arrived and what do you do when you arrive, do you look up at the board to see who your patients are? Like, what's the first thing you do?

A. On a regular day or ---

Q. On that day?

A. Well, in this case, it was different. I had noticed that there was a code going on, so I went by the room ---

Q. Right.

A. --- to see if they needed any help and there were a lot of people there, so they didn't need my assistance, so I just stood by the nursing desk in case anyone needed anything.

Q. All right. At least that part of the day stands out in your mind, because it's probably the only time in your career where you arrived at a shift where a code was going on, right?

A. I've seen codes before.

Q. That's not the question: when you arrived that day, it was the only time in your career

1 where you actually walked in and a code was going on,  
2 and not only was it going on, but it was going on with  
3 regard to a patient that you were about to take over?

4 A. Yes.

5 Q. I suggest that's never happened to you  
6 before?

7 A. No, it hasn't.

8 Q. And it's never happened to you since?

9 A. No.

10 Q. All right. So the day stands out in  
11 your mind from that perspective that it was very  
12 unusual, right?

13 A. Yes.

14 Q. All right. Now, when all of that  
15 stopped, when the activity stopped, you then had a  
16 responsibility to continue with your normal day?

17 A. Yes.

18 Q. And I take it that's what you did?

19 A. Yes.

20 Q. All right. And you had how many  
21 patients, four?

22 A. I don't remember -- I don't recall ---

23 Q. All right.

24 A. --- exactly.

25 Q. Well, can you give us an approximate

1 number of patients that you would have had?

2 A. Usually we have four on days, so I might  
3 have had three at that point.

4 Q. All right, you had three because Lisa  
5 had died?

6 A. Yes.

7 Q. All right. Now, as I understand -- what time  
8 are we at now, roughly? You're standing outside the  
9 room while the code is going on?

10 A. I just came -- I went by just to see if  
11 they needed any assistance, but no, I wasn't standing  
12 around there.

13 Q. Well, what did you do? Did you then go  
14 and deal with your patients?

15 A. I waited until the code was over.

16 Q. Right.

17 A. And then I went back to the conference  
18 room to listen to tape report on my other patients.

19 Q. All right. So you listened to the tape  
20 report with regard to your three patients?

21 A. Yes.

22 Q. All right. But there were four taped  
23 reports on that tape, as I understand it; your three  
24 patients and your fourth patient who is not going to be  
25 a patient, because she's dead?

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A. Yes.

Q. All right. Now, what I didn't understand is, and my understanding from other evidence, is that the reports on those four patients would be "interspersed," if I can use that word, with the reports from the patients of your colleagues, because there were nine or ten patients, I'm not sure how many patients there were, but they're not put on the tape necessarily in the -- they're not segregated so that your patients are all in one part of the tape?

A. Yes.

Q. Is that right?

A. Yes.

Q. All right. So you'd have to at least listen to the name of the patient before you start fast-forwarding, isn't that right?

A. Yes.

Q. In other words, if they say -- you'd have to know Frank Gomberg is not your patient, so you'd have to hear the name and you'd say I don't need to know about that?

A. Mm-hmm.

Q. All right. Now, how do you know how far to fast-forward?

A. Well, I'd be guessing, I'm not a hundred

1 percent sure, but I believe that my patients fell later  
2 on into the report, so I knew to fast-forward to the  
3 end part of the tape, which was where my -- the review  
4 of my patients was.

5 Q. No, but I thought we just agreed that in  
6 terms of the eight or nine or ten reports or whatever  
7 the number is that's on the tape, you don't know where  
8 in that group of seven or eight or nine or ten you may  
9 find the report with regard to any one of your  
10 patients, isn't that what you said?

11 A. If I recall, the other patients I had  
12 were kind of together, so ...

13 Q. All right.

14 A. I don't know ---

15 Q. And you remember that?

16 A. Not a hundred percent, but I'm pretty  
17 sure, yes.

18 Q. Well, where was Lisa's report in terms  
19 of the seven or eight or nine or ten that you were  
20 listening to on the tape?

21 A. I don't know, because I didn't hear it.

22 Q. How do you know you didn't hear it?

23 A. Because I didn't stop for her name.  
24 Like, I just don't remember hearing it when I was fast-  
25 forwarding.

1 Q. That would be something that you would  
2 have to intentionally not listen to, isn't that right?

3 In other -- no?

4 A. No.

5 Q. Wouldn't you have to hear the name "Lisa  
6 Shore" and then say, "I don't have to listen to that"?

7 Otherwise, you'd listen to it naturally and you'd  
8 listen to all the other ones, too?

9 A. I don't -- I don't stop the tape in  
10 between each patient to see if -- hear if the next one  
11 was mine, just fast forward it and I happen to come  
12 across my patients, the patients I had for that day. I  
13 did not hear her report at all.

14 Q. Well, did you hear her name?

15 A. No, I didn't.

16 Q. You didn't hear her name?

17 A. No.

18 Q. So you don't know whether her name was  
19 on that tape or not?

20 A. I don't know, no.

21 Q. All right, so it's entirely possible  
22 that there was no Lisa Shore tape, from your  
23 perspective?

24 A. I didn't hear anything, so possibly -- I  
25 had never heard (inaudible).

1 Q. In fact, you can't help the jury one way  
2 or the other as to whether her name was on the tape,  
3 because you didn't hear the report on her and you  
4 didn't hear her name either?

5 A. That's right.

6 Q. Now, is it your evidence that from that  
7 date up to today's date, because we are now in February  
8 of the year 2000, that you have never, ever spoken to  
9 Nurse Soriano or Nurse Doerksen about what happened  
10 that night?

11 A. Yes.

12 Q. And you've never discussed either with  
13 Nurse Doerksen or with Nurse Soriano anything about a  
14 Corometric monitor?

15 A. No.

16 Q. And you made no notes of your  
17 observations that night? You have no notes, am I  
18 right?

19 A. In what sense, do you mean, like, a  
20 journal?

21 Q. Yes.

22 A. No, I didn't make a journal but I  
23 recorded on my calendar that she had died that day.

24 Q. Was there anything else in your calendar  
25 other than Lisa Shore passed away today?

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A. No.

Q. Now, with regard to the patient care plans, as I understand it, they were stapled and were they segregated so that your four patients, including Lisa, were in a stack together?

A. Yes.

Q. All right. And where was that?

A. That was on the front counter of the nursing station.

Q. Do you know who put them there and when they were put there?

A. No, I don't.

Q. What's the normal practice?

A. Usually someone from the night shift staples them together and piles them.

Q. All right, by someone from the night shift, do you mean a nurse?

A. Yes.

Q. All right. So is it your belief that those things would have been put there either by Nurse Doerksen or by Nurse Soriano?

A. No.

Q. Well, who else was on the night shift who could have put them there?

A. Some of the other nurses. I don't

1 recall who was on that night, but it could have been  
2 another nurse.

3 Q. Well, there's a nurse in the Constant  
4 Care Room; she wouldn't put them there, would she?

5 A. Probably not.

6 Q. All right. Well, there were only the  
7 three of them, the Constant Care nurse on 5A, Nurse  
8 Doerksen and Nurse Soriano. Who else would have put  
9 those nursing care plans, taken them out of the  
10 printer, stapled them and put them in a pile for you to  
11 review?

12 A. I don't know. I don't know how many  
13 were on that night.

14 Q. Well, if you accept my hypothesis that  
15 the only people who were on were Nurse Doerksen and  
16 Nurse Soriano and the nurse in the Constant Care Room,  
17 and if we eliminate the nurse from the Constant Care  
18 Room as the organizer of those nursing care plans,  
19 we're left by the process of elimination with Nurse  
20 Doerksen and Nurse Soriano. Does that sound reasonable  
21 so far?

22 A. I can't assume that, though, I can't say  
23 it was either one of them.

24 Q. Well, give me another assumption, then,  
25 since you work on that floor.

1           A.    Like, I don't know how many nurses -- I  
2           can't answer that question, because I don't know ---

3           Q.    Well, we'll go back to my hypothesis and  
4           if somebody disagrees with it, they can jump up and  
5           start yelling that I don't know what I'm talking about,  
6           all right?  There's Nurse Doerksen, there's Nurse  
7           Soriano, there's the nurse in the Constant Care Room;  
8           forget about her, because she didn't do it.  So we're  
9           left with Doerksen and Soriano.  I don't hear anybody  
10          yelling in the courtroom.  Who else could have  
11          segregated those nursing care plans and put them on the  
12          desk?

13          A.    If it was just the three of them that  
14          were on that night, then maybe it was one of them, but  
15          I don't know, I can't -- for sure.

16          Q.    So you would agree with me that it's not  
17          unreasonable to assume that it was either done by Ruth  
18          Doerksen or by Anagaile Soriano, right?

19          A.    Sure.

20          Q.    Now, you read the nursing care plans  
21          with regard to the three other patients?

22          A.    Yes, I did.

23          Q.    Right?

24          A.    Yes.

25          Q.    Why didn't you read Lisa Shore's nursing

1 care plan?

2 A. Because at that point, I didn't think it  
3 was relevant because I knew she had died.

4 Q. Didn't you say to yourself, "Holy cow,  
5 as part of my education process here, I want to figure  
6 out as much as I can about what happened with a patient  
7 who I was about to take over" and given that  
8 supposition, "I'm going to read this nursing care  
9 plan." Didn't you say that to yourself?

10 A. At that time I didn't, no, because it  
11 was already late by the time I listened to report. I  
12 knew I had to see the other children.

13 Q. Okay.

14 A. So, no, I didn't -- I -- she was in my  
15 mind, you know, I felt horrible about what had happened  
16 and, you know, it was upsetting, but no, I did not  
17 consider looking at the care plan.

18 Q. Well, you used the words "at that time."  
19 How about an hour later, when things had calmed down a  
20 little bit, did you say to yourself, "Holy cow, I was  
21 supposed to take over the care of this child, I'm going  
22 to go and read that nursing care plan"?

23 A. No, it didn't cross my mind.

24 Q. It didn't cross your mind. Did it cross  
25 your mind to talk to Ruth Doerksen about the nursing

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care plan?

A. No, it didn't.

Q. Did it cross your mind to talk to Anagaile Soriano about the nursing care plan?

A. No, it didn't.

Q. Did it cross your mind to take the nursing care plan, put it in an envelope, seal it, and give it to Dr. Reeder, the head of nursing?

A. No.

Q. Did it cross your mind to take the nursing care plan, put it in a sealed envelope and give it to the Coroner?

A. No, it didn't.

Q. And it's your evidence that you took the other three nursing care plans, right?

A. Yes.

Q. And you went off to deal with your other three patients and left that nursing care plan on the counter? Is that ---

A. With my other care plans, yes.

Q. So that nursing care plan was left on the counter with your other nursing care plans?

A. Yes.

Q. And what time did you leave them there?

A. After I listened to my report, the tape

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report.

Q. Well, what time would that have been?

A. Maybe ten after 8:00, about that time.

Q. So that nursing care plan was left there to be read by anybody?

A. No, it wasn't. It's left in the corner and I put it in between the shelf. No one usually ...

Q. Let me rephrase the question: that nursing care plan is left there to be read by Nurse Doerksen, Nurse Soriano or any of the other day nurses where you left it at ten past 8:00, right?

A. Sure, they could have read it, sure.

Q. All right. And your understanding is in the normal course, those nursing care plan go into the recycling bin?

A. Yes.

Q. Well, so far I haven't heard anything about you putting them in the recycling bin. Did you put them in the recycling bin?

A. Yes, I put Lisa Shore's care plan in the recycling bin later in the morning.

Q. Well, how much later?

A. I don't recall.

Q. Well, would it have been ---

A. It might have been in the afternoon, I

1 don't recall exactly.

2 Q. All right. So that nursing care plan  
3 sat around to be read by any of the nursing staff, any  
4 of the doctors or anybody who was interested in how  
5 this young girl died, until you threw that nursing care  
6 plan out, sometime in the afternoon? By "threw it  
7 out," I mean put it in the recycling bin? Is that what  
8 you're saying?

9 A. It could have been.

10 Q. Well, we're not interested in what  
11 "could have been," we're asking about what would have  
12 been? So I'm asking you whether you remember whether  
13 that's what you did?

14 A. I don't recall exactly now.

15 Q. You don't recall. And is it fair to say  
16 that you have no idea when Nurse Doerksen read or  
17 didn't read that nursing care plan, because you haven't  
18 discussed it with her?

19 A. Say that again, please?

20 Q. Sure. You have no idea when Ruth  
21 Doerksen read that nursing care plan; you don't know,  
22 right?

23 A. I'm not saying she did.

24 Q. You're not saying she did and you're not  
25 saying she didn't, but if she did, you can't offer us

1 any assistance as to what time it would have been,  
2 right?

3 A. No, I can't. No.

4 Q. The only thing that you know is that you  
5 never read it, right?

6 A. Yes.

7 Q. You left it there, right?

8 A. Mm-hmm.

9 Q. Right?

10 A. Yes.

11 Q. You didn't segregate it, right?

12 A. Not right away, no.

13 Q. Well, never. You never segregated it,  
14 you never sequestered it, put it aside for use by the  
15 Coroner or by this jury or by Dr. Reeder or by anybody  
16 at the hospital?

17 A. No, because at that time, I didn't think  
18 this case would lead to where it did, that the Coroner  
19 would be involved.

20 Q. When did you think that this case might  
21 lead further? You knew the Coroner was there, didn't  
22 you?

23 A. I didn't know at that time, no.

24 Q. Well, did you know the next day that the  
25 Coroner had been there?

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A. Yes.

Q. Did you ask anybody what happened to that Nursing Care Plan?

A. No, I didn't.

Q. Why not?

A. Because I didn't know it was standard practice that they needed to see that care plan.

Q. Did you ---

A. I'd never been in a Coroner's case, I didn't know that that was something that might have been considered.

Q. Well, had you ever been involved in a case where somebody died where there was some sort of an investigation, whether it's a Coroner's case or a hospital case?

A. Personally, I haven't, no.

Q. You had not?

A. No.

Q. So this was sufficiently unusual that there was a death and you knew the next day that somebody was looking into it, right?

A. Yes.

Q. And notwithstanding that, you never had a discussion with Nurse Doerksen?

A. No.

1 Q. And you never had a discussion with  
2 Nurse Soriano?

3 A. No.

4 Q. And you never had an inkling that what  
5 was on the audio tape might be important?

6 A. No.

7 Q. And you never had an inkling that the  
8 nursing care plan might be important?

9 A. No.

10 Q. And you never discussed that with  
11 anybody in the nursing hierarchy at the hospital?

12 A. No, I didn't.

13 Q. And you never discussed that with the  
14 administration of the hospital?

15 A. No.

16 Q. And until you were summoned to come to  
17 court today, you didn't give anybody any information  
18 about what happened that night?

19 A. No, I didn't.

20 Q. Those are my questions.

21 THE CORONER: Mr. Hawkins?

22 MR. HAWKINS: I have nothing, thank you.

23 THE CORONER: Does the jury have any  
24 questions of this witness? Yes?

25

1 CROSS-EXAMINATION BY THE JURY:

2 BY JUROR #2:

3 Q. You said that when you arrived, the code  
4 was in action and then you went back to the desk and  
5 you discussed with some of the nurses what was going  
6 on. Were you not curious, when you saw that piece of  
7 paper in front of you, were you not curious to glance  
8 through it? Or when you went on the tape, were you not  
9 curious to just satisfy any kind of questions you may  
10 have had? Were you not curious to go just a step  
11 further with it? Were you not?

12 A. At that time, I wasn't thinking like  
13 that. I had just got ---

14 Q. Well, even if you were thinking  
15 analytically rather than compassionately, would you not  
16 have wanted to satisfy your knowledge?

17 A. I didn't feel that looking at the care  
18 plan, it would tell me anything different than what I  
19 already knew.

20 Q. What did you know?

21 A. Just ---

22 Q. That she died?

23 A. Yes. I didn't think that was relevant  
24 at that point, looking at the care plan.

25 Q. That she died from anything (inaudible)

1 Nurse Doerksen said that someone handed her the  
2 patient care summary plan; did you?

3 A. Hand it to Ms. Doerksen?

4 Q. Yes.

5 A. No, I didn't.

6 Q. Thank you.

7 THE CORONER: Yes?

8  
9 BY JUROR #5:

10 Q. Did you go to the room where she died?

11 A. Yes, I did, after the code and when the  
12 mom had left the room, yes, I went in the room.

13 Q. Did you see any monitors?

14 A. I saw the Corometric monitor.

15 Q. Did you see any PCA valve?

16 A. No, I didn't look at that.

17 Q. Did you listen to the tapes of  
18 Doerksen's patients?

19 A. No, I didn't. I don't recall, no.

20  
21 BY JUROR #3:

22 Q. What time did you listen to the tape?

23 A. After the code was over.

24 Q. That would be what, about 7:15?

25 A. About ten to, yeah.

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Q. 7:30?

A. When the code was over. The code was over about ten to 8:00, five to 8:00.

Q. And Ms. Doerksen said that she reported on the tape at around 6:00 in the morning, and in that two hours' time frame, you were not able to listen to her tape?

A. I'm sorry, I don't quite understand.

Q. Ms. Doerksen said that she did a taping relating to her patients at 6:00 on that morning, and you were listening on the tape at about 7:30, probably. Then on that time frame, an hour and a half, or two hours' time frame, you were not able to listen to her tape?

A. I don't recall listening to her voice specifically, no. I didn't get into tape report until about ten to 8:00, five to 8:00, to listen to whoever was reporting, so I don't specifically know that it was Ms. Doerksen that was on the tape or not.

Q. Thank you.

BY JUROR #1:

Q. Yes, Nurse, so you arrived at the Hospital during the arrest, the arrest was ongoing when you arrived, and you went to see if you could assist?

1 A. Mm-hmm.

2 Q. And did you go into the room?

3 A. I didn't go in the room, I was just in  
4 the hallway and I had asked someone there and I knew  
5 everything was taken care of. There were a lot of  
6 people there, so they didn't need by assistance.

7 Q. And Kiersten Farquharson was in the room  
8 at some point after the unsuccessful attempt to ...

9 A. Yes.

10 Q. And how was it that you went back -- you  
11 went back into the room at this time, after the arrest,  
12 or ---

13 A. Yes.

14 Q. And what was your purpose of going back  
15 into the room at that time?

16 A. Well, I think just I felt -- like, I had  
17 known her from before, Lisa, not personally, I never  
18 took care of her, but just for closure, I just wanted  
19 to go in and see her.

20 Q. So Lisa had been a patient of yours in  
21 the past?

22 A. No, she hadn't been mine, but I  
23 remembered her from previous admissions, yes.

24 Q. And did you remember her from the  
25 admission, the two-week admission? Lisa was there for

1 two weeks and ...

2 A. Before she was -- yeah, sometime. I  
3 don't know what time it was, but on 5B with the chronic  
4 pain.

5 Q. Mm-hmm. And were you caring for Lisa on  
6 5B at that time?

7 A. No, I wasn't.

8 Q. And what was it about Lisa that  
9 permitted you to remember her?

10 A. I just remembered the pain she was  
11 having and, you know, I could tell that she, you know,  
12 she was hurting and I had just gone in to assist  
13 another nurse in turning her. I can't remember exactly  
14 what it was, but that's just -- she just stuck out in  
15 my mind and then when I found she had died, and I just  
16 -- I remembered her again and, you know, that's pretty  
17 much it.

18 Q. So you went into the room and the  
19 doctors that were attending the code had left?

20 A. Mm-hmm.

21 Q. And who was in the room with you?

22 A. Kiersten.

23 Q. Kiersten?

24 A. Mm-hmm.

25 Q. And who else?

1           A.    I don't remember anyone else.

2           Q.    Do you think there were just the two of  
3 you in the room at that time?

4           A.    Possibly, but I'm not exactly sure.

5           Q.    And where was Sian Phillibert?

6           A.    Mm-hmm.

7           Q.    Where was Sian at that time that you  
8 were in the room with Kiersten?

9           A.    I don't remember. She might have been  
10 there, but I don't remember for sure.

11          Q.    Well, was Kiersten designated the  
12 responsibility to watch over the room and see that  
13 nothing was removed or nothing was added or nothing was  
14 removed as someone else has ...

15          A.    No, she just offered her assistance.  
16 She came from the clinic to help out and Sian was the  
17 RP that day, so she might have been off with the  
18 doctors rounding or something, I don't know.

19          Q.    She was the RP that day?

20          A.    Yes.

21          Q.    Oh, she -- yes, she was coming on on the  
22 day shift, right?

23          A.    Yes.

24          Q.    She was the RP, so she was -- okay, and  
25 was it at that time that you noticed the Corometric

1 monitor?

2 A. At what time?

3 Q. The time that you were in the room ---

4 A. Yes.

5 Q. --- after Lisa had died ---

6 A. Yes.

7 Q. --- with Kiersten? Is that when you

8 noticed the Corometric monitor?

9 A. Yes.

10 Q. I think you said that the caring nurses

11 were in the hospital for some time that morning?

12 A. That's right.

13 Q. Nurse Doerksen and Nurse Soriano?

14 A. Mm-hmm.

15 Q. I believe you said that they were in the

16 hospital for some time that morning?

17 A. Yes.

18 Q. And did you have any dialogue with them?

19 A. No, I didn't.

20 Q. And how did you know that they were

21 there, Nurse?

22 A. I just saw when a lot of people were

23 speaking to the -- specifically I saw Nurse Doerksen

24 more and just people speaking to her; nothing specific.

25 Q. And was that in the hallways and at the

1 nursing station or where was that that you saw people  
2 speaking with Ms. Doerksen?

3 A. Well, one of the doctors speaking to her  
4 near the hallway and then ---

5 Q. Which doctor was that?

6 A. I don't know.

7 Q. Do you remember?

8 A. It was some orthopedic doctor.

9 Q. The orthopedic doctor? Would it have  
10 been Dr. Wright?

11 A. I don't recall.

12 Q. Mm-hmm.

13 A. And then just with Mary Douglas, I know  
14 they went in the back room to talk, and that's all I  
15 know ...

16 Q. And Ms. Soriano?

17 A. No, I don't recall anything ...

18 Q. And do you have any -- would you know if  
19 Ms. Doerksen was still there in the afternoon?

20 A. I don't recall.

21 Q. As you suggested earlier?

22 A. I don't recall.

23 Q. Didn't you say to, I believe it was Ms.  
24 Browne, that Ms. Doerksen was there for some time?

25 A. Yes, but I don't know how long it was.

1 Q. Would it have been after 10:00?

2 A. I don't recall.

3 Q. You have no idea?

4 A. I can't -- maybe it might have been, but  
5 I'm not sure. No, I don't know for sure.

6 Q. You mentioned that you didn't read  
7 Lisa's summary.

8 A. No, I didn't read it.

9 Q. And that you didn't have an inquiring  
10 mind as to what events occurred that night that might  
11 possibly have caused her death?

12 A. Like I said before, it was just from  
13 what I heard, what we were discussing in the morning  
14 near the nursing desk, that (inaudible) into details,  
15 no.

16 Q. So really you have very little to offer  
17 in terms of discussion regarding Lisa and the events  
18 that occurred that night during her care, but you do  
19 recall, however, the Corometric monitor was in the  
20 room?

21 A. Yes, I do.

22 Q. Yes, I would have thought that reading  
23 the patient care summary, inquiring of other nurses who  
24 were caring for a little girl that you seemed to  
25 indicate you remembered fondly, that you would have

1 taken one step further for closure to inquire into the  
2 events surrounding her death. I do find that  
3 interesting. Can you comment?

4 A. In terms of reading her care plan?

5 Q. Well, no, you say you want closure. How  
6 does one get closure? I mean, I suppose closure takes  
7 many forms, but ...

8 A. Well, at that time, I knew the basics,  
9 you know, how she had died, but at that time it didn't  
10 cross my mind to want to know the full details of ...

11 Q. Well, how did you know the basics,  
12 Nurse? Who told you the basics as to how she had died?

13 A. We had just, like I said, a group of us  
14 at the nursing desk were just discussing, you know,  
15 when she was admitted and that she was having this  
16 pain, which I knew about before and that her death was  
17 unexpected, unexplained, a surprise in the morning,  
18 that's it.

19 Q. And can you remember who those nurses  
20 were that ---

21 A. No, I can't.

22 Q. --- you just had these discussions with?

23 A. No, I can't.

24 Q. I don't think I have any more questions  
25 at the moment, thank you.

1 THE CORONER: Any further questions for this  
2 witness?

3  
4 BY JUROR #5:

5 Q. How does the tape work, the recording  
6 tape; do you take one nurse's patients, all the  
7 patients, or you take different ones?

8 A. Do different nurses tape on my patients?

9 Q. Yeah.

10 A. It depends. Whichever nurse had my  
11 patient for the night, she would have given report on  
12 the tape, yes.

13 Q. So you don't take Doerksen's patients or  
14 you take two from here and two from there, or ...

15 A. That's, yeah, usually that's ---

16 Q. That's how it works?

17 A. That's common that whoever has a patient  
18 gives report on that patient and it could be I could  
19 have three different nurses that had my patients on  
20 nights. It all depends.

21 THE CORONER: So you don't automatically, if  
22 Nurse Doerksen had four patients on midnight  
23 shift, and you're being given Lisa on the day  
24 shift, you don't automatically get Nurse  
25 Doerksen's three other patients, is that what

1           you're saying?  Whoever is assigning nurses  
2           for the day will assign a nurse on their own  
3           schedule, not necessarily giving them to one  
4           person in the same way as they would give you  
5           overnight; is that correct?

6           THE WITNESS:  Yes.

7           JUROR #1:  Can I ask another question, sir?

8           THE CORONER:  Certainly.

9  
10          BY JUROR #1:

11           Q.  Now, during the time after the arrest  
12           prior to the Coroner coming and perhaps even -- well,  
13           prior to the Coroner coming, you were in around the  
14           nursing station, were you?  Can you remember when the  
15           Coroner arrived?

16           A.  No, I can't.

17           Q.  You have no idea?

18           A.  Sometime in the morning, but I don't  
19           recall what time.

20           Q.  Do you recall his arrival, the moment of  
21           his arrival or ...

22           A.  No, I don't.

23           Q.  And you were saying that some of the  
24           time, Sian Phillibert was outside of the room?

25           A.  I don't know for sure, but possibly,

1           yes. I'm not a hundred percent.

2                   Q. I'm sorry, I didn't hear that last bit?

3                   A. I'm not a hundred percent sure.

4           Sometimes she wasn't right outside the room, but ...

5                   Q. And where was she when she wasn't  
6           outside the room?

7                   A. I don't know exactly. No, I don't know.

8                   Q. So that room was not attended to by Sian  
9           Phillibert during the time that you arrived until the  
10          Coroner arrived, she wasn't always there?

11                  A. Before the Coroner arrived, I'm not sure  
12          about that. I mean, like, during the whole day she  
13          wasn't there guarding the room.

14                  Q. Well, she wouldn't need to guard the  
15          room after the Coroner, would she? Didn't you say that  
16          prior to the Coroner arriving, that Sian Phillibert was  
17          outside the door some of the time and other times she  
18          wasn't there. Isn't that what you told Ms. Browne?

19                  A. Then I wasn't clear on the question.  
20          I'm not exactly sure if she was there or not the whole  
21          time before the Coroner came.

22                  Q. Well, I distinctly heard you say that  
23          she wasn't there all the time; which is it, please?

24                  A. I guess I understood as for the full  
25          day. I didn't know specifically it was before the

1 Coroner came.

2 Q. Well, was it your testimony, then, that  
3 Sian was at that door during the entire time that --  
4 prior to the Coroner's arrival?

5 A. I can't recall exactly if she was or  
6 not.

7 Q. Is it your testimony that she wasn't  
8 there some of the time?

9 A. No, it's not.

10 Q. No, it isn't.

11 A. No, it isn't my testimony, no.

12 Q. Thank you.

13 THE CORONER: Ms. Browne?

14 MS. BROWNE: Could I just clarify something?

15

16 RE-EXAMINATION BY MS. BROWNE:

17 Q. When you came on duty, Ms. Papa, you  
18 found out who your patients were from looking at a  
19 board, is that right?

20 A. First I looked at my care plans, but  
21 when I knew the code was happening, I looked at the  
22 board and saw that my name was assigned to Lisa, yes.

23 Q. But you don't remember who else you were  
24 assigned to?

25 A. Not looking on the board, no, I wasn't

1 looking at that.

2 Q. You found out to whom you were assigned  
3 by looking at your care plan?

4 A. Yes, yes.

5 Q. And did you see Lisa's name on a care  
6 plan?

7 A. Yes, she was in my pile of care plans,  
8 yes.

9 Q. Did you look at the care plan at all?

10 A. I saw her name on the top of the care  
11 plan, but no, I didn't look through it.

12 Q. You didn't read any further?

13 A. No.

14 Q. And I just wanted to know, you indicated  
15 that you listened to the tape?

16 A. Tape report, yes.

17 Q. The tape report?

18 A. Mm-hmm.

19 Q. But you fast-forwarded it to your  
20 patients?

21 A. Yes.

22 Q. Can you tell me how you can fast-forward  
23 something to a specific point without listening to it?

24 A. Well, I was just listening to where my  
25 patients -- I don't remember if they were towards the

1 beginning of the tape or the end of the tape, I just  
2 fast -- I would stop in between to hear if it was my  
3 patient; if not, then I just fast-forwarded toward the  
4 end, but I didn't hear Lisa's name come up, no.

5 Q. I don't understand how you can fast-  
6 forward to a specific patient's name without listening  
7 to all the patients' names? I don't know, I don't  
8 understand.

9 A. Because I knew my patients were grouped  
10 together, so I knew they were towards the end of the  
11 tape, so I just fast-forwarded it towards the end of  
12 the tape.

13 Q. And you didn't hear Lisa's name?

14 A. No, I didn't.

15 Q. Do you still fast-forward when you're  
16 going to pick up a patient, and you still put on the  
17 tape and fast forward it to a group?

18 A. Sorry?

19 Q. Are you still following that practice  
20 that you do -- that you did that morning?

21 A. Fast-forwarding ---

22 Q. Yes.

23 A. --- through all the patients?

24 Q. Yes.

25 A. Well, we don't do taped report any more,

1           so ...

2                   Q.    When did it stop?

3                   A.    About a year ago, I think, I'm not  
4           exactly sure.

5                   Q.    Thank you.

6           THE CORONER:   I have a question just arising  
7           for clarification.  I think I heard you  
8           correctly that you said that you're -- on the  
9           tape, your patients were grouped together.

10          THE WITNESS:   That's what I recall, yes.

11          THE CORONER:   From the evidence that we've  
12          heard on the night shift, we've heard that  
13          Nurse Soriano gave her tape of all her  
14          patients in a block and that Nurse Doerksen  
15          gave all her patients in a block, which I'm  
16          inclined to conclude, and I may be wrong,  
17          that therefore your group of patients were  
18          either those who were being looked after by  
19          Nurse Soriano or those that were looked after  
20          by Nurse Doerksen.

21          THE WITNESS:   Yeah.  I don't recall if the  
22          one nurse on nights had the same patients  
23          that I had on days, I don't recall that  
24          exactly.

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CROSS-EXAMINATION BY THE JURY:

BY JUROR #5:

Q. Is there any way of finding out what was your patient, who were your patients that day?

A. There's probably a way of finding out.

Q. There is? Did you badge in that morning?

A. Yes, I came in late, so I badged in apparently after (inaudible).

Q. And did you badge out?

A. I don't badge out, no.

Q. You sign a book, sign out, sign in book? Nothing? There's no way of saying that you worked 12 hours or somebody did six hours?

A. Usually they're 12 hour shifts when we badge in. It's ---

Q. Automatic?

A. Yes, it's automatic, unless we're working an 8-hour shift, and that's specified in our assignment book.

Q. So when you work an 8-hour shift, you badge out?

A. Yes. I believe so, I'm not sure if that's how they usually do it, but ...

1 Q. So wouldn't there be a record that day  
2 of people that badged out 6-hour shifts or 8-hour on  
3 that floor?

4 A. I'm not sure if that's how we usually do  
5 it. I usually just work 12 hours, so I just badge in.  
6 I don't know ...

7 Q. But you just said that after 8 hours,  
8 you can badge out, if you're working an 8-hour shift?

9 A. I believe we do, but I'm not a hundred  
10 percent sure. If we work a shift that's not 12 hours,  
11 then I believe we do badge out.

12 Q. How many years experience you've been  
13 working with this place?

14 A. Four years.

15 Q. And you "believe so"?

16 A. I've only worked 12-hour shifts, but ---

17 Q. And when did the badging system come  
18 into effect; in '98?

19 A. No, when I started.

20  
21 BY JUROR #1:

22 Q. Yes, Nurse, could you tell me why the  
23 recording stopped?

24 A. I'm sorry, the recording?

25 Q. Well, the recording for the purpose of

1 passing on pertinent information to the next nurse on  
2 shift, the passing of the duties and so on?

3 A. Oh, why we ---

4 Q. Why did the hospital stop recording  
5 using that method?

6 A. Because we found that a lot of times  
7 that you could be sitting in the room getting report  
8 for, like, half an hour or even longer, listening to  
9 everybody's report and they found that, like, through  
10 doing studies and stuff we found that using written  
11 report was a lot more effective, because it got -- you  
12 were able to get report on your patient quicker and you  
13 were able to get to your -- start your day quicker, as  
14 well.

15 Q. Mm-hmm. And what was it replaced with,  
16 Nurse, a verbal report or ---

17 A. A written report.

18 Q. And ---

19 A. A written report.

20 Q. A written report?

21 A. Which has all the headings of  
22 assessments for a patient, like vital signs, chest  
23 status, urinary -- pretty much everything.

24 Q. And what is that written report referred  
25 to?

1 A. What's it referred to?

2 Q. Yes? I know there's assessments and  
3 progress notes and nurses' notes and patient care  
4 summaries; what is the written report that is intended  
5 for the oncoming nurse?

6 A. It's to get report on your patient, yes,  
7 from shift change.

8 Q. So what is that called? What is the  
9 name of that report?

10 A. I call it "written report."

11 Q. And what is the assurance that -- is it  
12 mandatory, is that mandatory?

13 A. Written report?

14 Q. Yes.

15 A. Well, yes, it's our form of getting  
16 report from a patient from a previous shift. And on  
17 the side, we also get a verbal, like, if there's  
18 anything outstanding that needs to be updated about the  
19 patients since it's been written and the nurse from the  
20 previous shift can update you verbally.

21 Q. But if there's anything outstanding,  
22 wouldn't it be on the written report? Are you saying  
23 there could be a written report, but a verbal report if  
24 it was something outstanding occurred?

25 A. Usually we write the written report

1 towards the end of your shift, but something could come  
2 up within a half an hour, you know, twenty minutes or  
3 half an hour when you've written a report that needs to  
4 be updated.

5 Q. So wouldn't you go then and just add  
6 that to the written report?

7 A. You could, but sometimes it's right into  
8 the next shift and it's just something you're updating  
9 to the next nurse and then you can just write it in  
10 beside and discuss it together, the two nurses.

11 Q. Okay. Now, this written report, is it  
12 handwritten or is it written into the Kidcom system?

13 A. It's handwritten.

14 Q. It's handwritten?

15 A. Mm-hmm.

16 Q. So what assurance is there that the  
17 caring nurse writes a report and puts it on and hands  
18 it over to the new nurse on duty?

19 A. What's your question exactly, sorry?

20 Q. Well, how is this system guaranteed that  
21 (A), the nurse going off duty writes the report and  
22 (B), that the oncoming nurse receives that report when  
23 it's written notice?

24 A. Well, the nurse writing the report stays  
25 until all the nurses have read the reports and then if

1           they have any extra questions, then the nurse is there  
2           to answer them. So everything is clarified if you're  
3           unclear about something on the written report.

4           Q.    So if you came in and didn't have a  
5           written report, you would request it?

6           A.    Yes.

7           Q.    Or you would note that you didn't  
8           receive it or ...

9           A.    It's our practice, it's a form of  
10          getting report, so everyone does it. Nobody is exempt  
11          from it.

12          Q.    And when you're talking about the  
13          previous system, well, I understand that you had the  
14          two when you used the previous system, verbal reports  
15          and the recording?

16          A.    We were doing both with it, yes.

17          Q.    Yes, but when you had that recording  
18          system, you said that sometimes you got hung up on that  
19          machine for half an hour listening to all the patients.

20          A.    Mm-hmm, yes.

21          Q.    But you didn't listen to all the  
22          patients the night Lisa died?

23          A.    Because at that -- it was already almost  
24          8:00 when I listened to report on my patients, and I  
25          knew I had to get my day started, so I just forwarded

1 it to my patients and listened on them.

2 Q. So, in fact, it has never been necessary  
3 to listen to all the patients, has it, through that  
4 recording system, but rather just to zone in on ---

5 A. Yes.

6 Q. --- your own?

7 A. Because the RP on days is responsible  
8 for knowing the care of every patient on days or  
9 nights.

10 Q. So it's a system that was developed,  
11 then, more for the expediency of the RP rather than the  
12 other nurses on the ward?

13 A. Which system, the written report or the  
14 taped report?

15 Q. No, the new system of written reports.  
16 That's all my questions, Miss.

17  
18 BY JUROR #2:

19 Q. Sorry, I have a question. You said that  
20 the RP was responsible for knowing the care of all the  
21 patients, so does that mean that in this situation,  
22 Nurse Phillibert would have been responsible for  
23 listening to the entire tape to know the care of all  
24 the children for that day, would it have been her  
25 responsibility that day? Yes or no.

1 A. It could have been, yes.

2

3

4 BY JUROR #5:

5 Q. Can we get a demonstration of that tape,  
6 how you do it? Do they still have those machines in  
7 the hospital?

8 A. The tape recorder, yes.

9 Q. They still have them?

10 A. Probably.

11 Q. And would you like to demonstrate what  
12 happened that day?

13 THE CORONER: It's just a regular tape  
14 recorder, I don't think there's anything  
15 special about the recorder.

16 JUROR #5: But if she's going to get one  
17 patient from another side of the tape and  
18 another patient at the end of a tape, we  
19 would like to see how it works.

20

21 BY JUROR #5:

22 Q. Like you said, you didn't take one  
23 nurse's, all her patients, you took two from here, one  
24 from there, two from there.

25 A. From what I recall, I remember I knew my

1 patients were bunched together, so ...

2 Q. They were bunched together?

3 A. Like, they were a group, they were one  
4 after the other. I believe so, I'm not a hundred  
5 percent sure, so ...

6 Q. So it's done by one nurse, then,  
7 wouldn't it?

8 A. It could have been. Like, I don't  
9 recall.

10 Q. It has to have been, there's no other  
11 way. You just said your taped messages were all  
12 bunched together, it's got to be from one nurse.

13 A. But some ...

14 Q. Can you report on another patient on one  
15 tape?

16 A. Can you report ---

17 Q. Can you take another patient's nurse and  
18 put it all together and tell you ---

19 A. Can I take another patient's nurse ...  
20 I'm sorry, I'm a little bit slow right now.

21 Q. Say if I want to schedule you for four  
22 people on the ward ---

23 A. Mm-hmm.

24 Q. --- I can take two from Doerksen and two  
25 from Soriano and tape it in my voice and put it there,

1 this is your -- can that be done?

2 A. No, we don't do that, no. We would tape  
3 on our own patients.

4 Q. Okay, that's what I meant.

5 A. Yes.

6 Q. So in other words, you took one nurse's  
7 four patients that day?

8 A. Yes. I don't know if it was the same  
9 nurse who had all my patients, I don't recall that.

10 Q. Who did it sound like?

11 A. Pardon?

12 Q. Which nurse did it sound like?

13 A. I don't recall at all.

14 Q. There was only two nurses.

15 A. I don't recall.

16 THE CORONER: Any further questions for this  
17 witness?

18

19 BY JUROR #5:

20 Q. And you said the badging, I want to make  
21 it clear, now, that badging out if you work only four  
22 or eight hours, is it?

23 A. We badge out?

24 Q. When you badge in, you don't have to  
25 badge out if you work a 12-hour shift, is that what you

1 just said to me?

2 A. Yes, I did.

3 Q. And if you work a less hour shift, you  
4 badge out?

5 A. I don't know. I don't think so, like, I  
6 might have been wrong when I said it before, I don't  
7 think so, but I'm not sure.

8 Q. For just four or eight hours, you badge  
9 out?

10 MR. HAWKINS: Well, I think she indicated  
11 she's never done an 8-hour shift herself, so  
12 she's not absolutely sure.

13

14 BY JUROR #5:

15 Q. So for four years, you've been working a  
16 12-hour shift?

17 A. Yes.

18 THE CORONER: Perhaps the Director of  
19 Nursing can help to clarify the badging. My  
20 understanding earlier was that it wasn't a  
21 time clock, that you badged in to indicate  
22 you were there that day, but it was not a way  
23 of monitoring what time you came in and what  
24 time you left.

25 MR. HAWKINS: No, it simply indicates that

1           you were there that day, so that you're paid  
2           for whatever shift you were scheduled to work  
3           that day. It confirms your attendance and  
4           that's it.

5  
6           BY JUROR #1:

7           Q. Nurse, can I go back and clarify  
8           something about that written report?

9           A. Mm-hmm.

10          Q. Okay, so the written report, it's  
11          mandatory for the charge nurse -- the charge nurse and  
12          the RP, are they one and the same?

13          A. Mm-hmm.

14          Q. It's mandatory, then, for the charge  
15          nurse to receive all the information on those written  
16          reports or the verbal reports. Sorry, the recorded  
17          reports for all the patients that she's in charge of on  
18          that ward?

19          A. It's not mandatory, no. We're  
20          ultimately responsible for our own patients, she's just  
21          there -- she receives report, like, if in that --  
22          specifically that day was so much going on, she wasn't  
23          -- like, her role as a RP isn't expected to sit through  
24          there and listen to all the tapes, she can get verbal  
25          report from the nurses responsible for those patients

1 and just, you know, again update from those nurses to  
2 the RP. She doesn't necessarily have to receive and  
3 review them all.

4 Q. But if they -- in going back to '98,  
5 what if there wasn't a written report?

6 A. I don't know what happened in that case,  
7 like, not always does the RP have to sit through the  
8 tape report and listen to everything, all the different  
9 patients.

10 Q. Have you ever functioned as an RP?

11 A. Yes, I have. On nights, yes.

12 Q. So when you function as a charge nurse,  
13 do you get the reports ---

14 A. Yes.

15 Q. --- from all the patients?

16 A. Yes, either taped or verbally from the  
17 nurse responsible for that patient and all the RP's  
18 follow the same routine.

19 Q. But it's not mandatory that you get the  
20 report?

21 A. The RP's? Is it mandatory if I get the  
22 report or ---

23 Q. As an RP, it's not mandatory?

24 A. You do receive report on your patients,  
25 on all the patients, even if it's a general overview of

1 a patient's status or update, but it's not mandatory  
2 for them to sit through and listen to every single  
3 patient, depending on the situation and what the day  
4 arises to be.

5 Q. Although you do it when you're a charge  
6 nurse, it's not mandatory for others to do it? And  
7 when you're not a charge nurse, is it mandatory? Was  
8 it mandatory in 1998 to listen to those recorded  
9 incident reports?

10 A. On all the patients?

11 Q. No, on the patients that you would be  
12 caring for? Now we're taking you back where you're a  
13 nurse and not an RP.

14 A. Mm-hmm, yes. The nurse is responsible  
15 for getting report on your patients, yes.

16 Q. But the charge nurse isn't?

17 A. She gets an update about all the  
18 patients, yes, but it's not mandatory that she sits  
19 through -- usually ---

20 Q. Well, where does she get her update,  
21 then, on more recent incidences or concerns or if a  
22 temperature rises or heart rate increases and incidents  
23 that may occur during the night? Calls to doctors and  
24 so where would she get that?

25 A. From the nurse that is responsible for

1 the patient (inaudible) that night. Unless sometimes  
2 something comes up on the floor the RP has to be  
3 present, so in cases like that, then the nurse, either  
4 she'll assign another nurse to get report on the  
5 patients or just the nurse having those patient reports  
6 back to the RP, but on the most part, they're there to  
7 get report on the patients, yes.

8 Q. Thank you.

9  
10 CROSS-EXAMINATION BY THE CORONER:

11 Q. Just by way of some clarification, you  
12 have indicated that the tape system is no longer in use  
13 and this inquest has heard a lot of information about  
14 the tape system, that although it was, and correct me  
15 if I'm wrong, it was a major way of the night staff  
16 giving a report to the day staff on the patients and  
17 what happened to them during the night. Is that a fair  
18 statement?

19 A. And for days, as well, we would use it  
20 for days.

21 Q. And for days and into the evening. And  
22 we do know that although that that was the way the  
23 reporting was done, that tape was not part of the  
24 official hospital chart, it was recycled, it was used  
25 at the time for passing on information, but if someone

1 six months later wanted to look, that was not part of  
2 the permanent record. It's my understanding now you  
3 say that it is necessary to write a written report at  
4 the end of your shift that will be there for the new  
5 nurse coming on to understand what happened to your  
6 patient during your shift, is that correct?

7 A. Yes.

8 Q. Am I right or wrong in terms of whether  
9 that written report forms part of the permanent  
10 hospital chart or is it a -- one of these reports  
11 that's once it's read, it's thrown out?

12 A. It's kept in a binder until a patient is  
13 discharged and when they are discharged, then it's  
14 thrown out.

15 Q. So it's not part of the permanent  
16 record?

17 A. It's not.

18 Q. So if a nurse is writing during the  
19 night progress notes on a patient and the main reason  
20 for those progress notes is so that someone the next  
21 day can understand what happened that night, if your  
22 decision is not to write progress notes on the  
23 permanent part of the chart but to write, in essence,  
24 what happened during the night on the written report  
25 next morning which would detail, for example, if Lisa

1 was to die today, we can say that that report might  
2 indicate I put a Corometric on, monitor on, I called  
3 the doctor at such-and-such, I turned an alarm off at  
4 such-and-such a time, that could appear, in fact, in  
5 the written report that his handed over to the nurse  
6 the next morning, is that correct?

7 A. Yes.

8 Q. If it appears there and only there, then  
9 it will not two months later, if the patient has been  
10 discharged, it will not form part of the permanent  
11 record?

12 A. Not in the written report, no.

13 Q. So from your experience, are there less  
14 progress notes being written during the night because  
15 this written report is done in the morning or not?

16 A. It's our standard practice that we don't  
17 usually write a progress note on nights, unless  
18 something significant happened over the night.

19 Q. And if something significant happens  
20 during the night, it goes in the progress note or it  
21 goes in the written report the next morning?

22 A. It would go in both.

23 Q. If it only goes on the written report,  
24 then that would be a problem in terms of  
25 retrospectively having a look to see what happened?

1           It's obviously clear for the purposes of that day  
2           passing it on, but it doesn't become part of the  
3           record?

4                   A.    Right.

5                   Q.    Thank you.

6

7           CROSS-EXAMINATION BY THE JURY:

8           BY JUROR #1:

9                   Q.    Nurse, I wonder if you could tell me if  
10           Nurse Sian Phillibert listened to all those reports  
11           that night?

12                   A.    I don't recall. I didn't get there in  
13           time, I just was in the room, I (inaudible) listening  
14           to my patients when I arrived, I don't recall.

15                   Q.    And do you recall Nurse Phillibert in  
16           there at all ---

17                   A.    No, I don't.

18                   Q.    --- listening to reports?

19                   A.    I wasn't there, I don't know.

20                   Q.    Thank you.

21                   THE CORONER:   Any further questions?

22

23           BY JUROR #5:

24                   Q.    Yes. Ms. Doerksen was working, you were  
25           relieving that day and you seen Ms. Doerksen, you said.

1 Did you see her?

2 A. Did I see her on that day?

3 Q. Yes.

4 A. Yes, I did.

5 Q. And did she discuss anything about the  
6 medication the girl took, gabapentin, the morphine, did  
7 you discuss it?

8 A. No, I didn't speak with her at all.

9 Q. You didn't?

10 A. No.

11 THE CORONER: Just on the jury's last point  
12 and if any Counsel wish to correct me, my  
13 notes on Ms. Phillibert indicate that she  
14 went into listen to report, she turned on the  
15 recorder for the tape report on the patients  
16 and didn't hear the report because a code was  
17 being called and went to the code and that's  
18 all my notes say, that she was interrupted.

19 JUROR #2: I don't believe anyone had the  
20 opportunity to ask her if she had a chance  
21 maybe through the day to review that tape, I  
22 don't think it was discussed.

23 MR. HAWKINS: I have -- I believe -- I  
24 thought she was asked that, but I'd have to  
25 check my notes. I thought she was asked that

1 and she said she didn't know if she had gone  
2 back or not that day. I think I just ---

3 THE CORONER: Yes.

4 MR. HAWKINS: I think, Nurse Papa, we're  
5 mixing up sort of the routine day and what  
6 happened that day. On the routine day when  
7 you arrive, I understand one of the first  
8 things you do is go and take report or listen  
9 to the report.

10 THE WITNESS: Yes.

11 MR. HAWKINS: And typically all of the new  
12 nurses do that together?

13 THE WITNESS: Yes.

14 MR. HAWKINS: So typically on a routine day,  
15 all of the nurses go into the back room and  
16 listen to the whole tape together?

17 THE WITNESS: And sometimes we work it out  
18 that a nurse can come out early, so you might  
19 have one or two nurses that have different  
20 patients over the night and they report  
21 first, they do tape first to get one of the  
22 nurses out so she can cover the floor and let  
23 the night staff go home.

24 MR. HAWKINS: And this day, that wasn't a  
25 routine day because I guess you arrived late,

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so you didn't participate in what Nurse  
Phillibert talked about, of going in at 7:15  
to listen to the report?

THE WITNESS: Yes, I was late that day.

MR. HAWKINS: Thank you.

MS. POSNO: Dr. Cairns, if it's of any  
assistance, Mr. Krkachovski specifically  
asked Nurse Phillibert yesterday and my note  
of her response is "I don't recall ever  
getting back to listen to the remainder of  
the tape." So I think we're consistent.

THE CORONER: Thank you, Ms. Posno. Thank  
you, the witness may step down. It's  
probably a reasonable time to have a twenty  
minute recess.

--- A BRIEF RECESS

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.

1  
2 Barbara A. Pollard  
3 Certified Court Reporter