

INQUEST INTO THE DEATH OF

L I S A S H O R E

THE EVIDENCE OF SIAN PHILLIBERT

TAKEN FEBRUARY 7th, 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, MS.

REPORTING PLUS
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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: Your next witness?
6 MS. BROWNE: Yes, my next witness is Miss
7 Sian Phillibert.

8
9 SIAN PHILLIBERT, SWORN

10 EXAMINATION IN-CHIEF BY MS. BROWNE:

11 Q. Good morning, Ms. Phillibert.

12 A. Good morning.

13 Q. If you need a break at all or you need
14 anything, just let us know and we'll be happy to do
15 that.

16 A. Thank you.

17 Q. And you have to keep your voice up just
18 a little, if I go like that, that means just a little
19 bit, okay? Can you just give us a little of your
20 background, your nursing education and your experience
21 before you went to Sick Kids?

22 A. I was a nursing student at George Brown
23 College, graduated from George Brown College in
24 February of '94 and went straight to Sick Kids and have

1 been at Sick Kids since, until the present time.

2 Q. And have you always worked in the same
3 area of Sick Kids, or did you rotate around or ...

4 A. No, I was hired onto 5A ward, which was
5 orthopedics only at the time, and has since been
6 amalgamated with 5B and is now orthopedics, ear, nose,
7 throat and general surgery, all three services.

8 Q. So you spent your time on 5A?

9 A. That's correct.

10 Q. And the year that Lisa was there, the
11 October admission that we're looking at now, 1998, were
12 you still working on 5A then?

13 A. As I said, we were amalgamated, so are
14 now 5AB.

15 Q. Oh, so ---

16 A. But it's the same.

17 Q. Sorry, as soon as the amalgamation
18 started, you were either 5A or 5B?

19 A. Yes, that's correct.

20 Q. Okay. Now, I understand that on October
21 the 22nd, you were scheduled to work on either 5A or
22 5B, am I correct, the day shift?

23 A. I was to work on 5A day shift, that's
24 right.

25 Q. And when you come on on the day shift,

1 what time do you usually get there?

2 A. I live in Oakville and I find the
3 traffic easier to handle early, so I tend to get there
4 early for that reason. Usually at approximately 6:30,
5 but it can be a little later. I never usually take
6 much notice of the time, it's early.

7 Q. So when you get in at 6:30, do you go to
8 work right away or do you take a break or just what do
9 you do exactly?

10 A. No, my shift starts at 7:15.

11 Q. So on this particular day, October the
12 22nd, do you recollect what you did when you came in?

13 A. Not very well, I'm afraid. I was told
14 when I arrived that I was going to be the nurse in
15 charge, the "RP" because there had been a sick call.

16 Q. There had been a sick call from one of
17 the nurses scheduled to work in 5A?

18 A. I assume so.

19 Q. Nobody told you who it was who phoned
20 in?

21 A. No.

22 Q. Who was it that told you about the sick
23 call?

24 A. I think it was Ruth, but I'm not sure.
25 It could have been anyone who greeted me.

1 Q. Do you remember how many nurses were
2 there and who they were when you came in?

3 A. No.

4 Q. Besides Ruth?

5 A. No.

6 Q. Did you see Anagaile?

7 A. I must have done, I don't specifically
8 remember, no.

9 Q. When Ruth came, when you talked to Ruth,
10 she said somebody was sick and that you would have to
11 be in charge, the Charge Nurse?

12 A. That's right.

13 Q. And as a result, what did you do?

14 A. Well, I glanced up at the board and
15 noticed that I was assigned to some of the patients, or
16 one, at least one of the patients.

17 Q. Were you assigned to one or more, do you
18 remember?

19 A. I don't remember.

20 Q. And this is from the board that we've
21 seen that we've talked about, that's near the nursing
22 station there?

23 A. That's correct.

24 Q. And that's how you find out which
25 patient you're supposed to look after?

1 A. Yes.

2 Q. Do you remember how many there were that
3 day?

4 A. No.

5 Q. All right. You looked, you saw you had
6 to look after one, at least one, maybe more?

7 A. Yes.

8 Q. And do you remember one of them of the
9 ones was Lisa?

10 A. That's right.

11 Q. And did you have any background on Lisa?
12 Did somebody tell you?

13 A. No, no. No, I didn't have any
14 background. I believe I was speaking to Ruth and she
15 mentioned that it was an admission and -- that had come
16 in during the night. She may have said it was from
17 Emerg, but it's assumed it's from Emerg, usually if
18 it's an admission through the night, and I felt that if
19 I'm going to be the nurse in charge, that I would not
20 be able to handle looking after a patient that was
21 certainly a fresh admission.

22 MR. GOMBERG: I didn't hear that.

23 THE WITNESS: And I remember reassigning ---

24 THE CORONER: I'm sorry, I wonder if the
25 witness could just repeat that statement. I

1 think some of the people didn't hear that.
2 You were assigned to Lisa, but because of
3 your duties as the nurse in charge, you felt
4 that you would not be able to look after her?
5 THE WITNESS: No. You know, give her enough
6 care. I'm going to be nurse in charge, so I
7 reassigned her.

8
9 BY MS. BROWNE:

10 Q. Do you remember who you reassigned her
11 to?

12 A. Not -- not a hundred percent. I think
13 it was Lori.

14 Q. And what's Lori's last name?

15 A. Strati.

16 Q. I'm sorry?

17 A. I think it's "Strati," I'm not a hundred
18 percent.

19 Q. "Strati," like, S-T-R ---

20 A. I don't know how to spell it.

21 MR. GOMBERG: S-T-R-A-T-I.

22
23 BY MS. BROWNE:

24 Q. I think you assigned ---

25 A. I believe that's the name I changed it

1 to.

2 Q. You indicated that you wouldn't be able
3 to look after her, since you were the RP. Did you mean
4 specifically you wouldn't be able to look after Lisa or
5 you wouldn't be able to look after any other patients?

6 A. No, sometimes when you're RP on days, if
7 there's a shortage of nurses, you may be asked to look
8 after one or two of the patients on the unit, but they
9 are generally patients who are going to be discharged
10 that day or certainly very stable patients not
11 requiring a great deal of care.

12 Q. And you knew that Lisa was not a stable
13 patient?

14 A. No, I couldn't know that, but if Lisa
15 had been a new admission, it would be a fairly good
16 guess that the patient who was a new admission would be
17 busier than someone on their way out the door.

18 Q. Did you see Lisa at all? Did you go to
19 her room?

20 A. No.

21 Q. Were you aware that she was on a PCA
22 pump?

23 A. No.

24 Q. That she was monitored by a Corometric
25 monitor?

1 A. No. The extent of the conversation was
2 that she was an admission and I believe I was asked if
3 I remembered her, the name, in other words, that she
4 had been in previously and I replied that I did not.

5 Q. Now, did you go on patient rounds when
6 the physicians came around?

7 A. That is my memory, that I had rounded.
8 I remember orthopedics coming to the unit and I
9 believe, you know, I was trailing behind them, kind of
10 thing. You sort of, you round, you're listening to
11 hear what they have to say about the patients. I know
12 if I'm the nurse in charge, I want to know what the
13 plans for the -- each child. It just makes your job
14 that much easier.

15 Q. And when you were trailing after when
16 you went on rounds with them ---

17 A. Yes.

18 Q. --- where was Ruth?

19 A. I can't remember.

20 Q. Was she not with you?

21 A. She quite possibly was. I don't
22 remember specifically.

23 Q. But I believe that at some point when
24 Ruth sort of went with them, that you went back into
25 another room to look at reports; am I right?

1 A. Yes. My memory was that Ruth then took
2 the clipboard from me and said I will finish with
3 orthopedics or ortho, you go into report.

4 Q. And where is report?

5 A. It's in a room towards the back. It's
6 like a little conference room.

7 Q. Is it near the nursing station or ...

8 A. Well, behind it. You can't see the
9 nursing station from it or hear the nursing station,
10 it's behind it, back where the utility room is and so
11 on.

12 Q. Do you know how long you spent there in
13 the conference room?

14 A. No, we all trailed in. I believe -- I
15 know I turned on the recorder, or one of us did, and it
16 was only a few minutes before the bell went off.

17 Q. Before the what?

18 A. Bell went off.

19 Q. You turned on the recording machine?

20 A. Yes, we listened to taped report.

21 Q. So that the other reports that are made
22 on patients during the night are taped?

23 A. Mm-hmm, at that time, that's what we
24 used to do. At that time, we taped report.

25 Q. And how many tape recorders are there?

1 I mean, does everybody have a hand-held one or ---

2 A. No, no, there's one tape recorder and
3 you go in and you tape on your patients.

4 Q. Oh, I see.

5 A. And then the RP listens to the whole
6 thing. It's sometimes taped in such a way that a nurse
7 gets all her patients and can leave. You have to sit
8 there until you've heard all your patients, at any
9 rate. The nurse in charge listens to everybody.

10 Q. Did you hear any of the tape recording
11 while you were sitting there?

12 A. As I say, it was maybe two sentences, as
13 much.

14 Q. What happens after the tapes are made,
15 where do they go? Are they going to get transcribed,
16 or what?

17 A. No, no, then we just rewind and tape for
18 the next shift.

19 Q. Are they ever co-ordinated, the tape
20 recordings, with written notes that nurses have made or
21 flow charts or ---

22 A. No.

23 Q. You said you had been looking at -- or
24 listening for about two sentences when you heard the
25 bell, and the alarm, you mean, the alert?

1 A. Yes, the code went.

2 Q. Did you go to the code?

3 A. Immediately.

4 Q. And did you take any part in the
5 attempts to resuscitate Lisa?

6 A. When I got there, the resuscitation was
7 already in progress and so -- and the crash cart was
8 outside the door. The only thing I recall doing was
9 priming IV lines, I remember drawing up saline into
10 syringes. I was not in the room at any time.

11 Q. Did you see into the room?

12 A. No.

13 Q. Did you see anything?

14 A. Too many -- there were many people, it
15 was full of people.

16 Q. Did you have a chance at all after the
17 people had sort of left, some of them, to see into the
18 room?

19 A. You mean, after the code?

20 Q. Yes.

21 A. Yes.

22 Q. Okay, what was your role after the code
23 was finished?

24 A. To secure the room.

25 Q. And how did you do that, Ms. Phillibert,

1 secure the room?

2 A. Make sure that nothing left the room or
3 was put in the room, other than what was there.

4 Q. Make sure nothing left or nothing was
5 put in?

6 A. Put in. Nothing was added, nothing was
7 taken away, in other words.

8 Q. So that in order to make sure that
9 nothing was taken away, you must have seen what was
10 there in the room?

11 A. At that point, yes.

12 Q. What did you see that was in the room?

13 A. The IV pole with the PCA on it, a second
14 IV pole with the line primed.

15 Q. I'm sorry, with?

16 A. With a line attached to it, and the
17 Corometric monitor on the ledge. There's a little
18 ledge as you go right in the door on your left, there's
19 a ledge in all the rooms, the patient, obviously, and
20 ...

21 Q. The Corometric monitor on the ledge, do
22 you recollect whether it was facing into the room or
23 out of the room?

24 A. No, I don't remember whether it was in
25 or out.

1 Q. And at the time that you went in, I
2 presume that Lisa had been removed, am I right?

3 A. No.

4 Q. She was still there?

5 A. Yes.

6 Q. Had the leads been detached from her
7 chest?

8 A. Yes, the stickers were still on her,
9 yes.

10 Q. And when you secured the room, did you
11 have to sit there and wait for anybody or ...

12 A. What I remember I was doing was
13 smoothing the sheets, you know, just sort of making the
14 room -- the bed tidy and sort of pull the sheets up and
15 just made it a bit tidier and then closed the door and
16 I stood outside the door and that was it. No one
17 entered the door -- the room after that until the
18 family came in to say good-bye.

19 Q. So the family came in?

20 A. Mm-hmm.

21 Q. And do you remember how much time had
22 passed? I don't expect you to ---

23 A. No.

24 Q. --- remember the exact time.

25 A. No.

1 Q. When the family came in, did you leave
2 or did you stay?

3 A. I was in the room.

4 Q. You were in with them?

5 A. Yes, and so was another nurse. I can't
6 recall who.

7 Q. And how long were you in the room, then?

8 A. When the family was there?

9 Q. Yes.

10 A. Oh, I don't remember now.

11 Q. All right. After that, what happened?
12 What did you do?

13 A. Once again, the door was closed. Then
14 we just -- we were waiting for the Coroner to come.

15 Q. Did you stay there until the Coroner
16 came?

17 A. Yes, I did.

18 Q. And do you remember what time that was,
19 approximately?

20 A. No, I don't.

21 Q. After the Coroner came, did you see him
22 go into the room? Did he go into the room?

23 A. Yes, I was in the room when he went in.

24 Q. You went in with him?

25 A. Yes.

1 Q. And what steps were taken to secure the
2 devices that were present in the room?

3 A. The only thing I recall him saying was
4 that the IV pump had to go with her and the PCA.

5 Q. Had to go with her?

6 A. Yes, when she went downstairs.

7 Q. Anything else?

8 A. No, I remember nothing else.

9 Q. Was anything put aside to be sent out or
10 do you know anything about that?

11 A. No, only that the IVAC pump had to go,
12 as well.

13 Q. Do you know what happened to the
14 monitor?

15 A. No, I don't.

16 Q. Was it still there when you finally
17 left?

18 A. I don't remember.

19 Q. And you accompanied Lisa's body to ---

20 A. Downstairs.

21 Q. --- downstairs.

22 A. Myself and another nurse did.

23 Q. Now, when you came on initially, did you
24 see any patient care summary order at the nursing
25 station at the desk or anywhere else around?

1 A. I didn't notice it, no.

2 Q. Is it possible you could have seen a
3 piece of paper and maybe passed it on to somebody else?

4 A. No, I didn't.

5 Q. Do you know what a patient care summary
6 is that I've referred to?

7 A. Yes. Yes, of course.

8 Q. And we've heard some evidence that it
9 was passed on to another nurse by one nurse and we
10 didn't know who.

11 A. No.

12 Q. I'm just asking was it you?

13 A. No. I don't recall taking a patient
14 care summary.

15 Q. All right, those are my questions, Ms.
16 Phillibert, thank you. There will be some other
17 lawyers who will ask you questions.

18 THE CORONER: Mr. Krkachovski?

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

20

21 CROSS-EXAMINATION BY MR. KRKACHOVSKI:

22 Q. Ms. Phillibert, did someone instruct you
23 to stand guard at the room?

24 A. Well, we were told that the room had to
25 be secured until the Coroner got there and I offered to

1 do it.

2 Q. And who told you this?

3 A. I believe -- we weren't sure of the
4 protocol and I -- we either looked it up or we phoned
5 one of the other wards. I don't remember exactly.

6 Q. And you used the word "we." Who else
7 was in this group?

8 A. Well, there were many nurses at the
9 nursing station. I don't remember who.

10 Q. And I gather at this point, the code is
11 finished and for the most part, the people have left
12 the room?

13 A. The code is finished, there was no --
14 there was no one in the room.

15 Q. And did you stand outside the room?

16 A. Yes.

17 Q. Until the family arrived?

18 A. I did.

19 Q. All right. And ---

20 A. I was either outside the room or in the
21 room the entire time until the Coroner got there.

22 Q. And so far as you know, no one came in
23 and out during this time period?

24 A. No, no one alone, no one unaccompanied.

25 Q. Who came accompanied, besides the

1 family?

2 A. I don't remember.

3 Q. I gather there wasn't a log sheet of any
4 kind kept as to who went in and out of the room?

5 A. No.

6 Q. And then after the family came, what
7 happened next?

8 A. I don't remember the sequence.

9 Q. All right. They came and they paid
10 their respects and I assume they leave after some
11 period of time?

12 A. Yes.

13 Q. Okay. Do you then stay and continue to
14 guard the room or do you go somewhere else?

15 A. Until the Coroner got there.

16 Q. All right. Do you recall Dr. Wright
17 coming there at any time?

18 A. I remember seeing him on the floor, but
19 not whether he came into the room or not. We had no
20 conversation.

21 Q. My recollection of Dr. Wright's
22 evidence, and I'll leave Counsel to correct me if I'm
23 wrong, is that he didn't see anyone when he went to the
24 room, he didn't see anyone guarding the room. Is there
25 a reason for that, that you can think of?

1 A. I can't think of one, no.

2 Q. But you were there?

3 A. I was there.

4 Q. Okay. I'm just referring to a statement
5 that your lawyer has given to us and you make mention
6 in the statement that a young man who you believe was a
7 relative of the Shore family, sat outside the room with
8 you. Do you recall your being accompanied by someone?

9 A. This person wasn't with me, this person
10 sat in a chair outside the room.

11 Q. I see.

12 A. But I was also standing outside the
13 room, as well.

14 Q. Do you know who that was?

15 A. No, I don't.

16 Q. Do you recall why you thought he was a
17 family member?

18 A. No, I don't know why I got that
19 impression.

20 Q. And you've talked about the monitor that
21 was in the room. I gather the monitor was turned off?

22 A. The monitor would have been off, because
23 I did not see the monitor or go into the room until the
24 code had been called.

25 Q. I'm sorry, say that again?

1 A. I didn't either see the monitor or go
2 into the room until after the code was through, so ---

3 Q. I see.

4 A. --- it would have been off.

5 Q. All right. And were there leads running
6 from the monitor to Lisa's chest?

7 A. When I saw Lisa, she had the stickers on
8 only.

9 Q. No leads?

10 A. No leads.

11 Q. And did the Coroner indicate
12 specifically why he wanted the PCA pump taken away?

13 A. He did not, that I recall.

14 Q. Was there just the two of you when the
15 Coroner came into the room?

16 A. I don't -- I don't remember who was in
17 the room when the Coroner came there. I believe there
18 was myself and another nurse, but I'm not a hundred
19 percent. There could have been another nurse, as well.

20 Q. There was, I gather, no discussion about
21 the monitor with the Coroner?

22 A. No.

23 Q. Nothing said about whether the monitor
24 should stay or go?

25 A. He never indicated that.

1 Q. I just wanted to ask you a couple of
2 questions about these taped reports because, again, I
3 stand to be corrected. I don't think we've heard about
4 these before. What exactly happens when you sit and
5 listen to these taped reports? Are these reports made
6 by the nurses during the course of the evening shift?

7 A. Well, it would -- yes, the night shift
8 going off tapes the report and each person who is --
9 whatever their assignment is, they tape for the person
10 taking over those patients.

11 Q. Right. And when you listen to these
12 taped reports, would you have the person's chart with
13 you, as well?

14 A. No, you would have only the care plans
15 that you heard asked about earlier.

16 Q. All right. So you would have the care
17 plan and the tape that you're listening to?

18 A. Right.

19 Q. All right. And you mentioned you only
20 heard a couple of sentences before the alarm went off.
21 Do you recall whether you were listening to Lisa's
22 tape?

23 A. I don't recall which one, who the tape
24 started with. It was a few words, but it was hardly on
25 any time before the code went off.

1 Q. Do you recall looking at Lisa's patient
2 care plan at any time that morning?

3 A. No.

4 Q. All right. And, again, help me
5 understand, what sort of information would be on these
6 tape reports as compared to the chart, the flow sheet,
7 the progress notes, et cetera?

8 A. You want to know what -- I don't
9 understand it. Say the question again?

10 Q. Up until now, we've seen and dealt with
11 Lisa's chart ---

12 A. Right.

13 Q. --- which included progress notes ---

14 A. Right.

15 Q. --- the flow sheet, that kind of thing.

16 A. Right.

17 Q. What sort of information would a nurse
18 record during the course of the night shift?

19 A. You're asking what she would have taped?

20 Q. Yes.

21 A. Or what would be on the care plan?

22 Q. No, no, no, what would be on the tape
23 that you're listening to?

24 A. Be on the tape, okay. Vital signs,
25 particularly if there was a problem, say, a temperature

1 or a child had a fever or something, pain management,
2 chest, airway, if there were any difficulties with
3 breathing, pain control, as I said before, medication
4 the child was on, IV.

5 Q. All right.

6 A. General progress.

7 Q. Why would the tape be made in addition
8 to the flow sheet, because a lot of the information you
9 described seems to appear on the flow sheet. So far as
10 you know, what's the purpose of the tape?

11 A. The tape just gives -- just gives a
12 summation of what has happened to the child for the
13 night.

14 Q. And is there one tape for each patient?

15 A. No.

16 Q. All of the patients are on the same
17 tape?

18 A. That's correct.

19 Q. And you listen to one after the other?

20 A. That's right.

21 Q. All right. Now, in the normal course
22 when the nurse finishes listening to the tape, she
23 would then rewind it to the beginning, is that the
24 idea?

25 A. Yeah, we just use it again.

1 Q. All right. And, for example, when Nurse
2 Doerksen and Nurse Soriano had to tape, would they have
3 to come into that room to make the reporting, or how
4 does that work?

5 A. Yes.

6 Q. So it's a machine that stays in that
7 room?

8 A. Yes, that's correct.

9 Q. Okay, all right. And is it left up to
10 the nurse how often she makes a recording on this
11 machine, or are there guidelines as to how often you're
12 supposed to say something?

13 A. No, you'd tape for -- you're just taping
14 to help the nurse coming on know how best to look after
15 the child. It's information that explains and is in
16 addition to the care plan.

17 Q. Okay. Does the nurse normally make the
18 tape close to the end of her shift, or does she make it
19 throughout the night? In other words, does she sit
20 down and make the tape all in one sitting, or is it
21 kind of a progression through the shift?

22 A. That can change. It depends on what
23 kind of night they're having. If she had time to sit
24 and chart and tape on everybody in one sitting, then
25 that's what she'll do. If she gets called by a call

1 bell while she's in there, obviously she wouldn't,
2 she'd have to come back and finish it or start again,
3 if necessary.

4 Q. Now, I assume once you heard the code,
5 you hit the stop button on the tape?

6 A. Absolutely.

7 Q. All right. Did someone come after you
8 to listen to the balance of the tape, or did you listen
9 to the balance of the tape?

10 A. I can't recall ever going back into the
11 room, so maybe I didn't listen to it. I don't
12 remember.

13 Q. Do you recall having a discussion with
14 anyone about the tape, either that morning or in the
15 days that followed?

16 A. No.

17 Q. What I mean is, was there any
18 conversation about saving the tape, making sure it's
19 not erased or recorded over, anything of that sort?

20 A. No.

21 Q. To be fair to you, Ms. Phillibert, it
22 may not have been Dr. Wright, my associate tells me, it
23 might have been the Coroner who testified that no one
24 was stationed at the room when he arrived. This is Dr.
25 Reingold. You have a memory of being there when he

1 arrived at the room?

2 A. Most definitely.

3 Q. Okay. That's all I have, thank you.

4 THE CORONER: Ms. Posno?

5 MS. POSNO: We have no questions, thank you.

6 THE CORONER: Mr. Gomberg?

7 MR. GOMBERG: Yes, thank you, Dr. Cairns.

8

9 CROSS-EXAMINATION BY MR. GOMBERG:

10 Q. Ms. Phillibert, I have some questions to
11 ask you. I'm the lawyer for the family. First of all,
12 you have a very vivid memory, I take it, of Dr.
13 Reingold's arrival and what he told you? Is that
14 right?

15 A. I didn't say that I had a vivid memory
16 of any of this.

17 Q. No, but I'm suggesting to you that you
18 remember specifically that he asked that the IVAC pump
19 and the PCA pump go with Lisa's body, you remember
20 that?

21 A. I do remember him specifically saying
22 that.

23 Q. All right. You have a vivid
24 recollection of that?

25 A. I have a memory of him saying that to

1 me, yeah.

2 Q. All right. And you also remember
3 clearly that there was a Corometric monitor in the
4 room?

5 A. I do.

6 Q. All right. Now, you gave some
7 information, I guess, to Mr. Hawkins; is that right?

8 A. Yes.

9 Q. All right. And I'd like to go through
10 some of that information with you and see if it's
11 correct, all right?

12 A. Sure.

13 Q. All right, first of all, it says that
14 you graduated from George Brown College in 1993 and
15 started working at Sick Kids as a full-time registered
16 nurse in 1994, is that right?

17 A. That's right.

18 Q. All right.

19 "... On October 22nd, 1998, she arrived
20 on unit 5A at approximately 6:30 and was
21 scheduled to start her day shift at
22 7:30 ..."

23 A. 7:15.

24 Q. All right, so the 7:30 is not right, it
25 should be 7:15?

1 A. 7:15 is when our shift starts.

2 Q. "... She was informed that she would be

3 the nurse in charge that day, so she

4 started working at 6:30 ..."

5 Is that correct?

6 A. No, I start work at 7:15.

7 Q. But that day, you started working at

8 6:30?

9 A. You don't start work, but you're on the

10 unit, so ... You don't -- I haven't -- I didn't

11 start work until 7:15.

12 Q. You told Mr. Hawkins that you started

13 working at 6:30?

14 A. I told Mr. Hawkins that I arrived at the

15 unit at approximately 6:30.

16 Q. You then say in your statement that you

17 attended on patient rounds with the physicians?

18 A. I did go on rounds with orthopedics.

19 Q. All right, and you would have gone on

20 rounds with them beginning ---

21 A. Before 7:15.

22 Q. Pardon?

23 A. Before 7:15.

24 Q. Before 7:15?

25 A. Yes.

1 Q. Well, would it have been close to 6:30
2 that you went on rounds with the physicians?

3 A. I don't remember.

4 Q. It could have been?

5 A. I don't remember.

6 Q. It goes on to say that you were
7 "... on these rounds with the physicians
8 until Ruth took over assisting with
9 patients rounds while Sian went in the
10 back hall conference room to listen to
11 the tape reports .."

12 A. Right.

13 Q. Is that correct?

14 A. Yes.

15 Q. Now, I suggest that the purpose of you
16 going on the rounds with the doctors is for you, as the
17 nurse, to tell them what's been going on with the
18 patients, isn't that right?

19 A. No. The purpose of me going on rounds
20 with orthopedics is to hear what their plan is for each
21 patient. We simply have the -- we have the clipboard
22 with the children's names on and whatever they say is
23 going to be the plan for the child for the day, whether
24 there is a change, there may be no change, but -- or
25 the child may be going home or whatever it is, then we

1 write it down so we have an idea of what each -- what
2 the plan is for each patient for the day.

3 Q. Surely, though, you know what the plan
4 is in a number of ways, one of them is by looking at
5 the patient care plan that comes off the computer at
6 6:15 and the other way that you know what the plan is,
7 is by listening to the tapes, isn't that right?

8 A. We know what the care of each patient is
9 once we have seen the care plans. The plan for the
10 patient can change on any given day, depending on --
11 it's the doctors decide the plan of care. The plan of
12 care may not change, it may be the same that has been
13 done from day-to-day, that may not change, but the
14 reason for going around with the physicians of any
15 service is to find out if that is -- if they have
16 anything new planned, say, another test to be done or a
17 different medication or maybe the child is going home,
18 and if so, when is the child to return to see them.
19 This is the reason for going around with the
20 physicians.

21 Q. All right, so you were doing rounds with
22 the doctors sometime between 6:30 and 7:00, and it's
23 your evidence that you didn't know anything about any
24 of those patients, because you didn't read their
25 charts ---

1 A. That's right.

2 Q. Hold it. And you didn't listen to the
3 tapes?

4 A. That's right.

5 Q. Now, at some point, Ruth comes out,
6 that's Ruth Doerksen comes out and tells you that the
7 -- that she's going to take over and do the rounds and
8 you're to go back and listen to the tapes? Is that
9 right?

10 A. That's right.

11 Q. What time did that happen?

12 A. It was at approximately 7:15, because,
13 you know, you would have wanted the person coming on to
14 start listening to the tape so that you can come on and
15 take over the -- the nurse from nights -- the nurse in
16 charge on nights can't leave until the nurse in charge
17 on days is finished hearing report and takes over.

18 Q. Wouldn't it make more sense for you to
19 listen to the tapes before you go on rounds with the
20 doctors?

21 A. No, you have to go on rounds with the
22 doctors when they're there and the doctors tend to
23 round early because their day starts, the OR and so on
24 starts fairly early, so the doctors always round early,
25 between 6:30 and 7:30, the different services tend to

1 round.

2 Q. Can't the doctors only formulate an
3 intelligent plan of care based on what's reported to
4 them by the nurse about what's been going on with the
5 patient overnight?

6 A. Doctors look at the flow sheets and are
7 told if there is a problem other than that, if there is
8 a problem that needs to be solved; other than that,
9 they assume all is well. They also speak to the parent
10 when they go into the room and they also speak to the
11 child.

12 Q. So is it your evidence that it's between
13 6:30 or soon after 6:30 and 7:15 when that code was
14 called, that you knew nothing about Lisa's chart?

15 A. No, I never at any time saw Lisa's
16 chart.

17 Q. And you knew nothing about the nursing
18 care plan that was printed up at about 6:15?

19 A. I never knew about the care plan, no.

20 Q. I suggest that you discussed the care
21 plan with Ruth Doerksen.

22 A. That would be incorrect.

23 Q. I suggest that Ruth Doerksen told you
24 that she had been in the room and saw Lisa dead?

25 A. That would be incorrect.

1 MR. HAWKINS: Dr. Cairns, I don't know quite
2 where that question comes from. It's not a
3 question put to any other witness and I think
4 at this late stage of the inquest, that's a
5 highly improper question.

6 MR. GOMBERG: Well, I'll put it to Ruth
7 Doerksen when she retakes the box. I suggest
8 that Ruth Doerksen came out of the room and
9 told you sometime between 6:30 and 7:00 that
10 Lisa was dead and that there was a problem
11 because she wasn't hooked up to any monitors.

12 MR. HAWKINS: That is a completely improper
13 question to come 16, 17 days into the
14 inquest, and for Mr. Gomberg to suggest that
15 at this very late date in the inquest is
16 highly improper and highly inappropriate.

17 THE CORONER: Any comments from other
18 Counsel?

19 MR. KRKACHOVSKI: No, Mr. Coroner.

20 THE CORONER: Ms. Posno?

21 MS. POSNO: I have nothing to add.

22 THE CORONER: Ms. Browne?

23 MS. BROWNE: I see nothing improper in what
24 Mr. Gomberg is suggesting. It's the first
25 time we've -- it's the first from this

1 witness, the first time we knew that she was
2 around, and I'm suggesting that it's
3 speculation, but that's possible.

4 THE CORONER: Mr. Hawkins, I mean, the
5 question can be clearly answered, and the
6 answer is no.

7 MR. HAWKINS: The question has been
8 answered, but to put it to this witness at
9 this stage of the inquest, not having put it
10 to any other witness and simply to make a
11 suggestion, not calling and intending to
12 call, as far as I'm aware, any evidence to
13 the contrary is completely improper in my
14 view. The question has been asked and
15 answered; it is improper to ask that kind of
16 question, in my view.

17 MR. GOMBERG: Well, I completely disagree
18 with him. It's a perfectly proper question
19 and he's now making speeches for the press
20 and for the jury. I'm entitled to put
21 questions to witnesses. He knows full well
22 that there were two other nurses on day shift
23 that day, all right, he's not given us
24 statements from them. I suggest that they
25 should come in, too, that Ruth Doerksen

1 should retake the box, I'll put the questions
2 that I propose to put to her, the jurors can
3 put the questions that they propose to put to
4 her and we can get to the bottom of this
5 right here in this courtroom, instead of all
6 of the confusion and all of the other stuff
7 that's been coming from Sick Kids from day
8 one; let's get to the bottom of it.

9 THE CORONER: Well, the question has been
10 asked and answered. Obviously we do not know
11 what happened to Lisa between 6:00 a.m. and
12 7:30, that's why we are here. I'm not going
13 to allow badgering of a witness, but I will
14 allow a question that can be asked and
15 answered. The jury can put whatever weight
16 they want -- well, we'll get into credibility
17 and we'll get into the weight of the issues,
18 but at this time, it's not clear as to who
19 knew what, so at least it has been clarified
20 by this witness that there was no discussion
21 between her and Ruth with regard to whether
22 Ruth found this patient dead and it had come
23 out or not, that has now been clarified.

24 MR. GOMBERG: I suggest -- may I continue?

25 THE CORONER: Continue.

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BY MR. GOMBERG:

Q. How did you know that you couldn't handle Lisa, given the fact that you hadn't seen her chart, you hadn't seen her patient care plan, you hadn't listened to the tapes and you hadn't discussed her with Ruth Doerksen?

A. I couldn't have known whether I could handle her or not handle her, it just seemed to me that a patient who had been newly admitted would require more care than a patient who had been there for some period of time or was about to be discharged.

Q. Doesn't the Resource Person have specific responsibilities to handle patients in addition to being the Resource Person?

A. Only if there's -- it absolutely has to be done.

Q. Well, were there to be -- how many other nurses were there to be? Since you were the Resource Person, I suppose that it would be easy to tell us how many other nurses there were supposed to be on ward 5A that morning?

A. I have no idea how many were on that day.

1 Q. Well, would Bruna Villela, V-I-L-L-E-L-
2 A, have been on day shift that day?

3 A. I have no idea.

4 Q. Would Lori Strati have been on day shift
5 that day?

6 A. Lori would have been. I remember only
7 because I reassigned that patient to her.

8 Q. Was Lori on the ward before the code was
9 called?

10 A. I have no idea.

11 Q. Is there a way to find that out? Surely
12 there are records showing who would have been on day
13 shift and would have been on ---

14 A. Only if they badged in.

15 Q. Now, with regard to the taped reports,
16 am I correct that there would have been something in
17 the order of, if there were nine patients that were
18 cared for by Nurse Doerksen and Nurse Soriano, there
19 would have been nine taped reports? Is that right, one
20 after the other running consecutively on the tape? Is
21 that the way it normally works?

22 A. Yeah, they would have each taped on
23 their own patients. I don't know how they would have
24 done it, in what order, I couldn't tell you that.

25 Q. But it's the responsibility of the day

1 nurses to listen to those tapes?

2 A. That's right.

3 Q. All right. And do they listen to the
4 tapes in a -- as I understand it, this is a little bit
5 confusing, but Ruth Doerksen had five patients and
6 Anagaile Soriano had four, but that doesn't necessarily
7 mean, as I understand it, that the patients would have
8 been allocated the same way to the nurses coming on, am
9 I correct?

10 A. Right.

11 Q. All right. So the breakdown might have
12 been different; in other words, of the five patients
13 that Ruth Doerksen was taking care of, the nurse who
14 replaced her might have been taking care of three of
15 those patients and two of the other patients, for
16 example?

17 A. Sure.

18 Q. All right. Now does that mean that all
19 of the nurses listened to all of the tapes all at the
20 same time? That's the incoming nurses.

21 A. You may have to sit through the whole
22 thing if it's broken down so that you're -- the one who
23 taped last has one of your patients, yes, that's quite
24 possible.

25 Q. All right. Well, when you were sitting

1 there listening to the tapes, I take it that was around
2 7:15 you said?

3 A. Approximately.

4 Q. Well, more or less, because that's when
5 the code was called. Who was sitting there listening
6 to the tapes with you?

7 A. I don't remember.

8 Q. Wasn't that a highly unusual ---

9 THE CORONER: Was there more than just
10 yourself listening to the tape?

11 THE WITNESS: Yes, I just don't remember who
12 the other nurse ...

13
14 BY MR. GOMBERG:

15 Q. All right, but you remember what Dr.
16 Reingold said to you, but you don't remember who was in
17 the room listening to the tapes?

18 A. That's right.

19 Q. Now, I take it that -- do you know
20 whether there was any information on Lisa Shore on that
21 tape?

22 A. I don't know, because we -- as I said,
23 we only heard maybe a sentence before the code went
24 off.

25 Q. Right, but you remember Dr. Reingold

1 telling you to hang on to the IVAC and hang on to the
2 PCA, right?

3 A. Yes.

4 Q. Did it ever occur to you to suggest to
5 somebody that they hang on to the tape?

6 A. No.

7 Q. I guess if we had the tape today, we
8 would know what was on it?

9 A. I couldn't tell you.

10 Q. Well, it was a highly unusual event, it
11 was an unexpected death of a ten-year-old with a non
12 life-threatening condition, right?

13 A. That's what it appears like to me, yes.

14 Q. Is this tape sort of on one of those
15 little cassette tapes?

16 A. It is a cassette tape, yes.

17 Q. All right. So I guess the easy thing
18 would have been to pop the cassette out and give it to
19 Dr. Reingold?

20 A. Hindsight is 20/20.

21 Q. It sure is.

22 A. The Coroner didn't ask for anything,
23 other than the IVAC with the PCA.

24 Q. Well, doesn't it make sense to you that
25 the Coroner didn't know about the tape summarizing what

1 the nurses overnight had seen fit to put on the tape
2 with regard to this little girl who just passed away?

3 A. I don't know what the Coroner knew or
4 didn't know.

5 Q. Right. Did you make any notes of this
6 event of what happened that night?

7 A. I did not.

8 Q. Did you make any tape recordings or
9 anything of what happened that night?

10 A. I did not.

11 Q. Now, this may have been asked of you
12 earlier, but I take it that Lisa was initially supposed
13 to be your patient?

14 A. That's right.

15 Q. Do you know whose patient she ended up
16 being? In other words, who was she reassigned to,
17 seeing as though she wasn't going to be your patient?

18 A. You did ask and I did tell you that I
19 reassigned that patient, I do believe, to Lori.

20 Q. All right. Did you ever have a
21 discussion with Ruth Doerksen about what happened with
22 the nursing care plan that was apparently printed up at
23 6:15?

24 A. No.

25 Q. Did you ever have a discussion with Ruth

1 Doerksen about her having printed up the nursing care
2 plan again five days later and that she took it home?

3 A. No.

4 Q. Did you ever have a discussion with
5 anybody at the Hospital for Sick Children about the
6 nursing care plan before January of 1999?

7 A. I did not.

8 Q. Just one minute, please? Now, I take it
9 that you didn't do this this morning, in the morning of
10 October 22nd, but I take it that you had occasion to
11 make tapes for incoming nurses before, isn't that
12 right?

13 A. I don't understand.

14 Q. Okay. Let's assume that nothing
15 untoward happened that day and that you had some
16 patients that day.

17 A. Yes.

18 Q. You would have made a tape on your
19 patients for the nurse who would be on for the next
20 night shift?

21 A. I would have taped on the patients, yes.

22 Q. All right. And the purpose of that is
23 for the nurse coming on on the next shift, which would
24 have been the night shift because you were on days, to
25 know what was going on ---

1 A. With the progress.

2 Q. --- with your patients?

3 A. That's right.

4 Q. All right. Now, before you make the
5 tape, before you make the tape, don't you look at the
6 nursing care plan?

7 A. If I have been on a shift all day, I
8 would have been using the care plan; I would have done
9 more than look at it. It would have assisted me to
10 have done care.

11 Q. All right, but you can't make an
12 effective tape for the nurse coming on without knowing
13 what's in the care plan, isn't that right?

14 A. No, I suppose you would need the care
15 plan to tape.

16 Q. Right. Thank you, those are my
17 questions.

18 THE CORONER: Mr. Hawkins?

19

20 CROSS-EXAMINATION BY MR. HAWKINS:

21 Q. Ms. Phillibert, you were assigned to be
22 Resource Person that day?

23 A. That's right.

24 Q. Is that a job that you usually do?

25 A. Not at all.

1 Q. And why did you become Resource Person
2 that morning?

3 A. My understanding is that there was a
4 sick call and there was no other Resource Person to
5 take the job.

6 Q. And we've heard about what a Resource
7 Person does on nights. What does a Resource Person do
8 or a Charge Nurse do during the day?

9 A. The Charge Nurse during the day is in
10 charge of the running of the whole floor, she assigns
11 patients, may have to reassign patients, depending on
12 the stability of the particular patients and/or
13 admissions that come unexpectedly, and she makes sure
14 there is staffing for that night and for the following
15 day, and also has meetings, usually the day nurse also
16 has meetings with other floors with the nurse manager,
17 various meetings.

18 Q. So during the day shift, the resource
19 person has a lot more ---

20 A. Duties, yes.

21 Q. --- administrative things to do than
22 happens at nighttime?

23 A. Most definitely.

24 Q. And so as a day Charge Nurse, typically
25 you take a lesser or a lower patient assignment or no

1 patient assignment because of those duties?

2 A. Typically, no patient assignment. If a
3 Resource Nurse is given a patient assignment on days,
4 it is because we are terribly short-staffed.

5 Q. Thank you, those are my questions.

6 THE CORONER: Does the jury have questions
7 of this witness?

8
9 CROSS-EXAMINATION BY THE JURY:

10 BY JUROR #2:

11 Q. We haven't heard any testimony to this
12 point about these taped reports. I'm a lay person, I
13 do not understand it, so could you explain the process
14 to me?

15 A. Certainly. It would be as if I was
16 giving what we call "verbal report" and the nurse would
17 then not have to stay and wait for each person who was
18 taking her patient to give report. So you may have,
19 say, five children looking on at, say, a night shift,
20 and each of those five children has been assigned to a
21 different nurse; you'd have to wait for that particular
22 nurse to listen to report from other nurses before she
23 could then tell her about the one patient that you
24 looked after that she was then going to take.

25 So what happens instead is each nurse

1 would take on the four or five patients or three
2 patients, it depends, that she looked after and if it's
3 not too crazy, we try to do it in such a way that at
4 least one or two nurses come out fairly promptly, so
5 that you would tape on -- you would tape in order of
6 sequence, but it doesn't always work out that way, it
7 just isn't possible.

8 So as I'm saying, instead of us waiting
9 around to speak individually to the nurse coming on, we
10 would just go in and tape on this cassette tape each
11 patient, so I would go in and tape -- if I'm fortunate,
12 I'm able to sit and tape on all four children without
13 having to answer a call bell or do something else.

14 Q. So it is typical to report on a child?

15 A. Oh, yes, you'd have to.

16 Q. Is it necessary?

17 A. Oh, definitely

18 Q. It is necessary.

19 A. Definitely.

20 Q. So when Ruth Doerksen asked you to go
21 and listen to the tapes, she was sending you assuming
22 that there was report for someone to listen to on Lisa?

23 A. It would be all patients on the floor
24 then.

25 Q. But we haven't heard any testimony from

1 either of the nurses saying that they did the tape, but
2 it is necessary that they would have made the tape
3 based on her care?

4 A. I'm assuming she was taped on, I don't
5 know because I didn't get to hear the tape. As I said,
6 we were like five sentences into the tape.

7 Q. But based on the typical goings-on in
8 the hospital that would be ---

9 A. No, typically every patient is taped on.

10 Q. So if we had an opportunity to speak to
11 either of the nurses again, they should be able to
12 explain to us at what point in the evening they had
13 taped on Lisa's progress?

14 A. I can't tell you what they'll be able to
15 do or able to recall, but that is typically what
16 happens, we tape on a patient. There are other cases
17 where the nurse has been too busy and hasn't gotten to
18 the tape and then she'll say to the nurse coming on, "I
19 wasn't able to tape, but I'll give you verbal" and
20 that, too, sometimes happens.

21 Q. But that's not the typical?

22 A. No. It depends on how busy they are.

23 Q. Okay. Now, again, we've heard testimony
24 about the patient care summary is automatically printed
25 between 6:15 and 6:30?

1 A. Yes.

2 Q. And it is assumed that someone takes
3 responsibility for taking the patient care summary and
4 putting it in the child's file, pulling a red flag if
5 there's doctors' orders.

6 A. We don't put it in a file. This is
7 strictly a nurses' convenience, it's how you organize
8 your day and organize care for that patient.

9 Q. But what my point is moreso is that
10 there is someone who is responsible for that, isn't
11 there?

12 A. Well, usually the nurse in charge on
13 nights will correlate them and staple them.

14 Q. Or oversee someone else doing it?

15 A. And put it in the pile for whoever has,
16 you know -- will divy it up to whoever has the child
17 for that day. But if they're busy, it has happened
18 that nobody got to them and then you, as the nurse
19 coming on, would have to go get your own care plans.
20 That happens sometimes.

21 Q. Okay. Before a day nurse, before there
22 can be a transition between shifts of night to day ---

23 A. Right.

24 Q. --- do these two points have to be met?
25 Does there have to be reporting on tape and the

1 completion of the patient care summary?

2 A. There has to be reporting from one shift
3 to the other. Whether it's done on tape or done
4 verbally, the nurse leaving a shift, any shift, has to
5 report to the nurse arriving on the patient as long as
6 the patient is on the unit.

7 Q. Okay. It's just it seems it did not
8 happen, but typically that is what would go on?

9 A. Yes.

10 Q. Okay, thank you.

11
12 CROSS-EXAMINATION BY THE CORONER:

13 Q. I just have a question arising from
14 that. On this particular night, it's our understanding
15 that Ruth Doerksen was in charge of Lisa, so would it
16 be your understanding that she would be making the
17 portion of the tape regarded to Lisa's care during the
18 night; would that be a general understanding?

19 A. I don't remember who was assigned to
20 Lisa on nights. You're saying it's Ruth. It would be
21 whoever had that child for the shift would then have to
22 make the report.

23 Q. And the evidence, I think, clearly has
24 been that Ruth was in charge of Lisa that night, except
25 for when she was on break and she was relieved. So in

1 the normal course of events and I know, I'm not asking
2 you from your direct memory, but in the normal of
3 course of events, then, it would be anticipated that
4 Ruth would be putting something on the tape?

5 A. Yes.

6 Q. And that you, as you were initially, if
7 you were going to be assigned to Lisa, you would listen
8 to that tape to find out what it was?

9 A. If I was the nurse taking care of Lisa,
10 yes.

11 Q. Now, on this particular occasion, Ruth
12 didn't say to you, "By the way, there's nothing on the
13 tape, so I better give you a verbal."

14 A. No, I don't remember that.

15 Q. Would you have been under the
16 impression, then, if the arrest had not occurred when
17 it did and you were sitting listening to the tape, that
18 you would have heard a report on that tape about Lisa?

19 A. Unless I heard to the contrary, I would
20 assume there was a tape.

21 Q. And that would be a summary of the care
22 throughout the night?

23 A. Yes, just her general condition through
24 the night and anything different that happened or ---

25 Q. If there had been any incidents during

1 the night, would you expect them there?

2 A. It would be reported on, yes.

3 Q. So if there were calls to the doctor
4 about a depressed respiration rate ---

5 A. That would (inaudible).

6 Q. --- that would be on it; if there were
7 issues that the monitor had been alarming and therefore
8 had been turned off, you would expect that those would
9 be the sort of things that would be put on the tape to
10 assist the day staff coming on?

11 A. Yes, if -- yeah.

12 THE CORONER: Thank you. Sorry, I didn't
13 mean to interrupt you. Any other questions?

14 JUROR #1: Yes.

15

16 CROSS-EXAMINATION BY THE JURY:

17 BY JUROR #1:

18 Q. During the time that you were "guarding
19 the room," could you tell me the times that you were
20 involved in that, from what time to what time?

21 A. No, I don't remember, no.

22 Q. Can you give me an approximation?

23 A. No, I can't. I would be guessing.

24 Q. Were you -- could you guess?

25 A. No.

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Q. No?

A. I'd rather not.

Q. Do you feel that you looked after that room, guarded that room from the time that the code finished until the time both Dr. Wright and both Dr. Reingold made their appearances on the ward?

A. I couldn't say about Dr. Reingold, I don't remember what time he came, but I was certainly there -- I was told to secure the room until the Coroner got there, and that was what I did.

Q. And you were in the room during the code?

A. No, I was not.

Q. Didn't you say you assisted with IV during the code?

A. Outside the room.

Q. Outside the room, so some assistance that goes on during a code occurs in the hallway, rather than ---

A. It has to, just at the doorway, yeah. There are just too many people involved in the code itself for you to be in the room.

Q. Okay. But nonetheless, you were present during the code within the parameters of the room and when it completed, you were there from that time until

1 the Coroner arrived?

2 A. Certainly, either standing directly
3 outside the room or close enough -- this room is not
4 far from the nursing station. If I was at the nursing
5 station, I was still within direct view of the room.

6 Q. Mm-hmm. So you could have been at the
7 nursing station part of this time rather than stationed
8 outside the room or inside the room?

9 A. Yes, but securing the room, that was my
10 duty.

11 Q. Mm-hmm.

12 A. The thing is, you don't want anyone
13 going into the room or -- well, obviously nobody would
14 go out of the room. You don't want equipment, you
15 don't want anything added to or taken away from the
16 room. (inaudible) standing and that is certainly what
17 I made sure happened.

18 Q. Okay.

19 A. Wherever I was standing.

20 Q. So when you were at the nursing station,
21 what reason would you be at the nursing station if you
22 were to guard the room outside or inside?

23 A. I have no idea. We were just post-code,
24 I don't know why I would be standing at the nursing
25 station.

1 Q. Well, I was just wondering if there was
2 a call or there was some reason that you required being
3 at the nursing station ---

4 A. There may have been questions asked of
5 me and I needed to do that.

6 Q. And if that then would have taken your
7 attention away and so that if ---

8 A. No.

9 Q. --- sometime during that time, in
10 fact ---

11 A. No.

12 Q. --- that room wasn't secured?

13 A. It was secure.

14 Q. Okay. I do understand from Dr. Reingold
15 and Dr. Wright, who said he appeared at the -- just
16 after the arrest, that there was no one securing that
17 room, so ---

18 MS. POSNO: Mr. Coroner, just so it's clear,
19 I don't -- it may have been the evidence of
20 Dr. Reingold, but Dr. Wright didn't give any
21 testimony along those lines. He arrived
22 after the code and did speak to some nurses,
23 but I don't recall any questioning whether or
24 not he noticed someone was securing the room.

25 I do know Dr. Reingold gave that evidence,

1 but I don't think that was -- I don't think
2 Dr. Wright was questioned on that
3 specifically.

4 MR. HAWKINS: I don't recall that Dr. Wright
5 was questioned on it. I know that Dr.
6 Reingold was questioned on it and his
7 indication, as well, that he was there within
8 an hour of the death, which I understand and
9 certainly based on a letter from Dr. Taylor,
10 understand that that's not the case, that it
11 was considerably after that.

12 THE CORONER: And are we correct in
13 everybody's recollection that Dr. Reingold
14 did not indicate that there was somebody
15 guarding the room when he got there? I think
16 that's what the jury's understanding is.

17 JUROR #1: Yes, and I recall him saying that
18 there was also no one inside the room when he
19 got there, either.

20 MR. GOMBERG: That's what he said.

21 MS. POSNO: My understanding, I wasn't here
22 that day, but my understanding is consistent
23 with the fact that that was the evidence of
24 Dr. Reingold, but I didn't want any
25 confusion; I don't think Dr. Wright also gave

1 that testimony.

2 JUROR #1: Oh, I guess I'm mistaken, then.

3 MS. POSNO: Different from Dr. Wright, but
4 not from Dr. Reingold.

5 JUROR #1: I really thought that question
6 was put to Dr. Wright, as well.

7 MS. POSNO: I'll check my notes.

8 JUROR #1: Because Dr. Wright, don't forget,
9 is the doctor that called the Coroner, that's
10 his responsibility to call the Coroner.

11 MS. POSNO: Absolutely.

12 JUROR #1: So there were -- there was quite
13 a lot of talk about when he called the
14 Coroner, was the room secured, I do believe
15 something of that nature, but I stand to be
16 corrected.

17 MS. POSNO: Sorry, I do recall that
18 testimony and I do recall he did call the
19 Coroner and that he -- my recollection, and
20 I will check my notes just so we can get a
21 consistency amongst everyone on this, but
22 that Dr. Wright understood someone was going
23 to secure the room, that that did have to
24 happen, but I didn't think the questioning
25 went further where he indicated that he knew

1 whether or not that happened or not. I
2 thought he assumed that was happening and
3 that was as far as I thought it went on that,
4 but he definitely did have the responsibility
5 to call the Coroner and I think he did do
6 that.

7 MR. HAWKINS: Just so it's clear, I'm now
8 reviewing my notes of Dr. Reingold and my
9 note says he was asked if someone was
10 stationed at the room and his answer was, "I
11 can't recall." He was asked if anyone was in
12 the room and his answer was, "I can't recall"
13 is how it's written in my notes, so I don't
14 know that Dr. Reingold is crystal clear that
15 there was nobody there. I think he said "I
16 can't recall." And Ms. Kopp indicates that
17 that's what her notes say, as well. As we
18 know, there's a difference between "No" and
19 "I can't recall."

20 THE CORONER: Well, perhaps people at the
21 recess can look their notes up and if there's
22 some glaring disagreement, we can discuss it
23 at that time.

24
25 BY JUROR #1:

1 Q. Yes, I thought he couldn't recall seeing
2 anyone there when he looked around the room, because he
3 did say he looked around the room to see what equipment
4 was there.

5 A. I can't speak to what he does or he does
6 not recall. I do know I was in the room with the
7 Coroner, I was outside the room when he arrived and
8 went in with him and I believe there was another nurse
9 with me in the room at the same time, but I can't
10 swear ---

11 Q. And who was that nurse, do you know who
12 that nurse was, the nurse that was with you?

13 A. No, I couldn't (inaudible), as I said, I
14 can't swear to it, so ... But I believe ---

15 Q. You can't swear to the fact that another
16 nurse was ---

17 A. I don't want to swear that there was
18 another nurse in the room. I believe there were two of
19 us. Certainly, I was there.

20 Q. Okay. Now, can you tell me where the
21 nurse in Constant Care was during all this?

22 A. No, I couldn't.

23 Q. You can't tell me where she was?

24 A. No. I should imagine she would be in
25 the Constant Care Room, if any of the patients in there

1 were requiring constant care, then she is not allowed
2 to leave, despite a code, she's not allowed to leave.

3 Q. She's not allowed to leave, even despite
4 a code?

5 A. No.

6 Q. My goodness. So the reports on the
7 machine, on the recording machine, they are
8 specifically done by the nurse in care of the patient,
9 so if another nurse took over four hours of that
10 nurse's shift, she wouldn't be apt to record -- would
11 she record some of the instances that ---

12 A. I'm sorry, start again?

13 Q. Okay.

14 A. Because this is confusing.

15 Q. In Lisa's case, there was Nurse Doerksen
16 who was in charge.

17 A. That's right.

18 Q. The Charge Nurse.

19 A. Right.

20 Q. And was in charge of Lisa.

21 A. Yes.

22 Q. And then there was about four hours
23 there, I believe, or three hours where there was
24 another nurse in that patient -- Lisa's care?

25 A. Mm-hmm.

1 Q. In the case where a patient had a long
2 spell of nursing care from the secondary nurse ---

3 A. Mm-hmm.

4 Q. --- would both nurses be apt to leave
5 messages on that recorder?

6 A. No, it would still be the nurse who was
7 assigned care. What would happen is when Lisa -- when
8 the nurse who is assigned to that patient came back
9 either from break or from if she was helping another
10 nurse be relieved, then she would then get verbal
11 report from whoever looked after the patient while she
12 was otherwise engaged.

13 Q. And when the nurse makes her recording
14 to pass on information to the new shift nurse, does she
15 use the patient care summary?

16 A. Yes, usually.

17 Q. Would that be required?

18 A. Usually. It's not a question of being
19 required, but it -- you'd normally, yes, you'd refer to
20 your care summary.

21 Q. Your patient care summary?

22 A. It's not adamant that you have to do it,
23 but, yes, usually you would.

24 Q. All right.

25 A. It just makes it easier.

1 Q. And when Nurse Doerksen decided she was
2 going to take over the rounds and you went into the
3 conference room to, I guess, to pull the information
4 from the recordings?

5 A. To start tape, yeah.

6 Q. Yes, as was your duty.

7 A. Yeah.

8 Q. Is that the same conference room that
9 was used later for a meeting with -- well, is it just
10 behind the nursing station, that conference room?

11 A. There is -- this conference room is
12 behind the nursing station beside the medicine room,
13 yeah, the little room where the medications and
14 narcotics are kept.

15 Q. And is that the only conference room
16 available on that ward where nurses might be apt to
17 meet?

18 A. No, there is another larger conference
19 room outside of the -- I don't know how to describe it,
20 down the hall, the front hall.

21 Q. Okay. And when you came back after you
22 had finished all that you had to do regarding Lisa and
23 when you came back onto the ward to resume your duties
24 for that day ---

25 A. Yes.

1 Q. --- where was Ruth Doerksen?
2 A. I don't know.
3 Q. Where was Nurse Soriano?
4 A. I don't know.
5 Q. Where was Mary Douglas?
6 A. I have no idea.
7 Q. Had the Constant Care nurse left, the
8 night shift Constant Care left the ward at that time?
9 A. I don't know that. I would imagine if
10 the Constant Care nurse for days was there, then the
11 Constant Care for nights would have left.
12 Q. And so now you come on the ward and
13 you've got to assign your nurses, do you, as you were
14 Charge Nurse for that afternoon?
15 A. I would be assigning nurses for the
16 night shift, yeah.
17 Q. For the night shift. And you also --
18 had you completed your assignment, when you were saying
19 you couldn't handle the patients that you were given?
20 You came in and you were assigned two patients, right,
21 and then you discovered you were going to be Charge
22 Nurse that day?
23 A. Yeah.
24 Q. And so you decided then you wouldn't be
25 able to handle those patients?

1 A. No, I believe what I said was that I
2 came on and found that I had been assigned to Lisa.

3 Q. Yes.

4 A. I was also told I was the nurse in
5 charge.

6 Q. Mm-hmm.

7 A. And because Lisa was a new admission, I
8 reassigned her to another nurse.

9 Q. Yes. But are you saying that it was
10 possible that you could be a Charge Nurse and be
11 assigned to one only patient, is that what you were
12 saying?

13 A. No, you can be charge nurse and assigned
14 to more than ---

15 Q. Were you assigned to only one patient
16 when you came in that morning?

17 A. I don't remember how many patients I was
18 assigned to.

19 Q. Oh, you don't remember?

20 A. It may have been more, yeah.

21 Q. So what happened to the care of those
22 patients, then, if you decided you couldn't handle them
23 being care nurse?

24 A. You reassign.

25 Q. They're reassigned?

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A. Yes.

Q. Okay.

A. That is absolute, the patients have to be taken care of, however it's done. That goes without saying.

Q. And who reassigned them?

A. I don't understand the -- who reassigned ---

Q. Who reassigned the patients that you couldn't take that day?

A. If it was reassigned at all, the only one I recall reassigning was Lisa. I may have reassigned others, I don't know, or I may have taken other patients, I don't know. I don't recall at this point.

Q. Okay.

A. It's a long time ago.

Q. Yeah, it's a long time ago, but I'm sure it's an event that isn't forgotten. It was a rather remarkable event, wasn't it?

A. I don't understand what you're saying.

Q. Okay, we'll just leave it that it was a long time ago and you vague, vague memories of many of the instances that occurred that day.

A. I believe I did state that initially.

1 Q. Yeah. Can you tell me now, I understand
2 that the patients on a night shift are assigned five
3 per nurse. Is that same ratio occurring during the day
4 shift?

5 A. The ratios change from shift to shift.
6 I can't make a definite statement about what the ratios
7 are on any given shift. They're even six to one, it
8 depends on how short-staffed we are.

9 Q. Mm-hmm, because we heard testimony that
10 generally night shift has five patients per person.

11 A. Very often.

12 Q. And I wondered if the ratio is narrowed
13 during the day when it's a busier time?

14 A. Usually it's approximately four to one,
15 but it has been five to one and very often on 5A, in
16 particular, you can look after seven patients in a
17 shift because what happens is you get a lot of post-
18 operative patients, and then you will have been
19 assigned to patients who are going home that day, so
20 what happens is you come and you may have three
21 actually on the unit but two of which are going home.
22 Meanwhile, yet, in the afternoon, you'll be getting
23 back post-ops, so at the end of the day, you sometimes
24 have more than five patients. But at one time, you
25 don't have seven patients.

1 Q. Well how do you feel about a nurse
2 having nine patients in her care?

3 A. That sounds like a lot of patients to
4 me.

5 Q. Would it surprise you that Nurse Soriano
6 was looking after nine patients that night?

7 A. Did it surprise me to hear that she did?

8 Q. Yes, nine patients?

9 A. What, because of -- because of breaks,
10 you mean?

11 Q. Because of breaks and Constant Care
12 breaks, so there was the double break?

13 A. No, it doesn't surprise me. You asked
14 if it surprised me; no, it doesn't surprise me.

15 Q. It doesn't surprise you. Even though
16 it's usually five and sometimes seven? Even though the
17 ratio is generally five and perhaps going up to a high
18 of seven, that nine doesn't surprise you?

19 A. No. You said specifically because of
20 breaks. No, it doesn't surprise me that it would be
21 nine.

22 Q. But, I mean, it was the three or four
23 hours because it was a combined -- it was a break back
24 to back with -- it was the nurse's break and then the
25 Constant Care ---

1 A. The question was does it surprise me?
2 No, it doesn't surprise me.

3 Q. That happens often, does it?

4 A. I don't know how often, but it doesn't
5 surprise me.

6 Q. No. And you say you saw the Corometric
7 monitor in the room?

8 A. I did.

9 Q. And do you have any idea how that
10 Corometric monitor left that room?

11 A. No.

12 Q. If you saw it at one point and you were
13 guarding that room and you were watching that room
14 until the Coroner arrived ---

15 A. Yes.

16 Q. --- do you have any idea how that
17 Corometric monitor left that room?

18 A. No, I don't know how it left the room or
19 when it left the room. It was there when -- after the
20 code it was there, when I entered the room, which was
21 the first time I entered the room. It was there when
22 the Coroner arrived. Nothing left the room.

23 Q. And when you came back after your last
24 dealings with Lisa and came back, returned to 5A ---

25 A. Yeah.

1 Q. Was that room being readied for another
2 patient?

3 A. Not that I remember, but I don't
4 remember what happened to the room after that.

5 Q. So you didn't go into 47 again that ---

6 A. I may have done.

7 Q. And do you recall if there was -- well,
8 if you don't recall going into the room, you don't
9 recall.

10 A. I may have done, I may very well have
11 done but I don't remember.

12 Q. And tell me, where does a nurse
13 generally get a Corometric monitor for her usage when
14 she needs one?

15 A. Usually you call downstairs to Central
16 Service.

17 Q. And there aren't Corometric monitors on
18 your ward, spare ones?

19 A. Not specifically owned by the ward, no.
20 There may have been, say, in another room and no
21 longer in use. They may be cleaned and reused, but
22 generally speaking ...

23 Q. Okay, and can you give the names of
24 anyone that was at that code that day?

25 A. No.

1 Q. Do you remember any of the doctors that
2 were there?

3 A. I think there was one -- the only
4 orthopedic resident I remember the name of is one, Dr.
5 Catre, and he's the only one. I know there were
6 others, but I don't remember their names.

7 Q. But you did rounds with these gentlemen,
8 didn't you?

9 A. Yes.

10 Q. Yeah. And you only remember Dr. Catre.

11 A. That's right.

12 Q. And Ms. Doerksen didn't speak with you
13 about Lisa?

14 A. No, other than to say that she was an
15 admission and asked if I remembered -- she had been a
16 previous admission. I didn't remember her.

17 Q. And then what happened? She mentioned
18 Lisa, she asked if she was a previous -- asked you if
19 you remembered she was a previous admission and then
20 what did she say?

21 A. In what time frame?

22 Q. In that time frame that Ms. Doerksen
23 asked you ---

24 A. Oh, this would have been when I came on
25 shift and saw that I was assigned this patient and

1 asked about her, heard she was admission, and also
2 mentioned that she had been in previously and did I
3 remember her and I said no, I did not, and I reassigned
4 the patient. That is the context of that entire
5 conversation.

6 Q. Thank you.

7 THE CORONER: Any further questions of this
8 witness? Yes?

9 JUROR #2: If I could just tell you my notes
10 that I've written down, Dr. Reingold was
11 asked was someone stationed outside the room
12 to ensure it remained in tact, and his
13 response was no, and anyone inside the room,
14 and his response was no.

15 THE CORONER: Well, let's -- the juror's
16 comment was in her note that Dr. Reingold
17 said there was no one outside the room when
18 he arrived and there was no one inside the
19 room, so I don't know if anyone has a
20 transcript, but perhaps at the recess, people
21 can compare their notes to see if ---

22 MR. HAWKINS: I have described what I had
23 written down in my notes, so ...

24 THE CORONER: We'll see if we can help to
25 clarify that during the recess. Any further

1 questions of the witness?
2

3 CROSS-EXAMINATION BY THE JURY:

4 BY JUROR #4:

5 Q. Has it been established what time Ruth
6 Strati (sic) began her shift?

7 A. Have I established that?

8 Q. No, no, like, do you know what time she
9 started her shift?

10 A. No, I don't know. The shift starts at
11 7:15, that's the only answer I can give you.

12 Q. Now, you reassigned Lisa to Ruth Strati?

13 A. I believe I did, yes. No, did I -- to
14 Lori Strati.

15 Q. Oh, I'm sorry.

16 A. I believe I did reassign to that ---

17 Q. And do you recall what time that you
18 would have reassigned her?

19 A. Well, when I came on. Reassigning only
20 means that I've changed the name on the board.

21 Q. I understand, but do you recall at what
22 time ---

23 A. No, I don't.

24 Q. --- you made that decision?

25 A. No. No, the answer is no.

1 Q. Thank you.

2 THE CORONER: Yes?

3

4 BY JUROR #5:

5 Q. Do you sign in? How do you sign in to
6 start your shift? Is there ---

7 A. There's a badge, you badge in.

8 Q. Do they have a record of that, somebody
9 has that?

10 A. I would imagine so, yeah.

11 Q. And it's 12-hour shifts or 8 hours?

12 A. Twelve.

13 Q. 6:15 to ---

14 A. 7:15 to 7:15.

15 THE CORONER: Just so that I do clarify,
16 then, it wasn't that you had any conversation
17 with the new Nurse Strati that you were
18 assigning Lisa to, your assignments of who is
19 looking after which patients can be done with
20 the names of the patients on a board and you
21 just write the name of the nurse beside them?

22 THE WITNESS: Yes. Well, I'm then taking
23 over as nurse in charge, so Ruth and I spoke.
24 I thought that I should reassign her and
25 simply changed the name on the board.

1 THE CORONER: Fine. But you didn't have
2 anything -- that's fine, you didn't have any
3 direct conversation with Nurse Strati?

4 THE WITNESS: No.

5 THE CORONER: Are you aware if whether she
6 had any conversation with Ruth since she has
7 now been assigned to look after Lisa?

8 THE WITNESS: No, I don't.

9 THE CORONER: But if she came in to look
10 after Lisa on the day shift, would you
11 anticipate that during the listening of the
12 recording from the night shift that she would
13 listen to that recording to see what
14 information there was on Lisa?

15 THE WITNESS: Well, she would have, because
16 you're not -- when you tape, you're not
17 taping to a person, you're simply taping
18 about the patient. It's the responsibility
19 of the nurse coming on to find out who her
20 assignment is.

21 THE CORONER: Thank you. Any further
22 questions for the witness?

23
24 BY JUROR #4:

25 Q. If you don't hear Lisa's name on the

1 tape, on the summary, on the tape recording, did you
2 hear the names of the other patients?

3 A. We didn't have a chance to listen to the
4 recording because as I said before, we had barely
5 started it when the code alarm went off. We didn't
6 have a chance to hear the recording at all.

7 Q. So does it mean, like, you didn't hear
8 anything at all from the summary of the patients from
9 the night before?

10 A. Yes, we didn't hear the tape because the
11 code went.

12 THE CORONER: Can I ask you then were you
13 still after the cardiac arrest, after your
14 assignment which was to look after Lisa's
15 room until the Coroner had arrived, and I
16 think you indicated you assisted in bringing
17 Lisa's body to pathology.

18 THE WITNESS: Yes.

19 THE CORONER: After that, when you came back
20 to the ward, would you still have been the
21 charge nurse for the day at the time?

22 THE WITNESS: I would still be in charge,
23 yes.

24 THE CORONER: Okay. Would people have been
25 listening -- it's perfectly understandable

1 that if the tape is to be listened to at 7:15
2 and there is a cardiac arrest at 7:15, it's
3 unlikely that most people are going to sit to
4 listen to the tape at that time; the cardiac
5 arrest would take preference over that. Am I
6 reasonable to assume that after that
7 traumatic event had been resolved, that
8 people would then go back and listen to the
9 tape?

10 THE WITNESS: I can't say specifically that
11 they did, but, yes, the nurses would have
12 individually gone and listened to their -- or
13 have gotten verbal.

14 THE CORONER: Okay. Did you go back and
15 listen to it?

16 THE WITNESS: I don't remember whether I did
17 or not.

18 THE CORONER: Okay.

19 THE WITNESS: I may have done later on in
20 the day, just to have had an idea about the
21 patient summaries.

22 THE CORONER: If you did, can you remember
23 anything specific with regard to what was on
24 the tape about Lisa?

25 THE WITNESS: No, because I don't remember

1 even whether I went back and listened.

2 THE CORONER: Okay, that's fine, thank you.

3 Any further questions for the witness?

4
5 BY JUROR #1:

6 Q. So at some point, then, Ms. Doerksen and
7 Ms. Soriano would have -- sorry, Ms. Doerksen would
8 have had to pass on her information, verbal or
9 recording to the nurse that would be caring for the
10 other four patients that she had in her care that
11 night?

12 A. She would have had (inaudible), whether
13 by tape or verbal, yes, she would have had to pass on.

14 Q. And do we know who took the remainder of
15 Ms. Doerksen's patients in their care for the day
16 shift?

17 A. I do not know.

18 Q. Would it be Lori Strati?

19 A. I don't know.

20 Q. Could you find out?

21 A. Could I find out?

22 Q. Yes.

23 A. I would imagine that there's some kind
24 of record of who looked after the patient.

25 THE CORONER: Thank you, the witness -- yes,

1 I'm sorry.

2 MS. BROWNE: I'd like to make a
3 clarification, if I could, of some issues the
4 jury raised.

5

6 RE-EXAMINATION BY MS. BROWNE:

7 Q. Juror #5 asked you about badging in.
8 That's the first time we've heard about how that
9 process works. Can you explain how that works? Is it
10 written somewhere and where is it kept?

11 A. We badge in in the morning. I would
12 imagine that there are computer records about that, but
13 that's not my area, so I don't know.

14 Q. What does "badge in" mean?

15 A. You have a badge with your name and it
16 has a bar code on the back.

17 Q. Yes.

18 A. And there's a little machine on the wall
19 and you badge in.

20 Q. And when you come in in the morning, you
21 pass the badge over the little machine and the machine
22 records it in the computer?

23 A. That's right.

24 Q. And when you leave, you badge out?

25 A. No, you never badge out.

1 Q. Okay, so the computer doesn't know when
2 you leave?

3 A. No.

4 Q. All right. Did you pick -- can I just
5 ask you when it was -- you were given a copy of what
6 your statement was, as indicated earlier. Can you tell
7 me when you made that statement, the statement that Mr.
8 Gomberg read to you?

9 MR. HAWKINS: That is a summary of a meeting
10 between Ms. Phillibert and Ms. Kopp in early
11 January of this year.

12 MS. BROWNE: Of this year?

13 MR. HAWKINS: Of this year.

14
15 BY MS. BROWNE:

16 Q. So the first time you reduced this or
17 had it reduced to writing was sometime this year?

18 A. That's right, when I met Mr. Hawkins.

19 Q. You were aware about the inquest, were
20 you?

21 A. Yes, of course.

22 Q. And did you discuss this matter or have
23 any meetings prior to January of this year?

24 A. No, I have not, other than with the
25 lawyers.

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Q. All right, thank you.

THE CORONER: Thank you, Nurse, you may be excused.

THE WITNESS: Thank you.

THE CORONER: It's a reasonable time to take the morning recess. We'll recess for 20 minutes.

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