

INQUEST INTO THE DEATH OF

L I S A   S H O R E

THE EVIDENCE OF CAROLINE SMITH

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 MS. BROWNE: The next witness, Caroline  
2 Smith.

3

4 CAROLINE SMITH, SWORN

5 EXAMINATION IN-CHIEF BY MS. BROWNE:

6 Q. You're a nurse at Sick Kids?

7 A. I'm not presently. I was at the time.

8 Q. Are you still a nurse?

9 A. I am.

10 Q. Somewhere else?

11 A. I am.

12 Q. In Toronto?

13 A. No, I'm in Mississauga, in Peel, yes.

14 Q. In 1998, had you been at Sick Kids long?

15 A. I had been there for approximately five  
16 or six months.

17 Q. And what was your status? Were you on  
18 orientation or were you a regular RN, or ...

19 A. I was regular staff at that point in  
20 time.

21 Q. And were you on 5AB or any other part of  
22 5 on the date of October 22nd of 1998?

23 A. I worked a long day on 5A.

24 Q. Long day?

25 A. Yes.

1 Q. And how long is a long day?

2 A. It's a 12-hour shift; it's from 7:15 to  
3 7:15, a.m. to p.m.

4 Q. And how much time do you get for breaks  
5 when you work a long day?

6 A. Well, hopefully, if the day is running  
7 smoothly, anywhere from half an hour to 45 minutes for  
8 the first break, and anywhere from about 45 minutes to  
9 an hour for the second break. But it all is very  
10 depending upon just, I guess, how things are going for  
11 your day on what kind of a break you'll be able to get.

12 Q. And the breaks include your eating, too?

13 A. We do, yes, we do.

14 Q. Do you remember what time you got to 5A  
15 on the day?

16 A. Approximately 7:00 in the morning.

17 Q. And where did you go, what did you do  
18 when you first arrived?

19 A. It's very hard for me to actually recall  
20 that morning. At that point in time, my usual routine  
21 would be to walk onto unit to pick up my care plans  
22 that are usually already stapled together with my name  
23 on them, to look at the board and to get what patients  
24 I do have, and then I'd proceed to have a look at my  
25 care plans and make my sheets for the day to see what

1 needs to be done.

2 Q. But you don't have any specific  
3 recollection of that day?

4 A. I do not, no. I do not.

5 Q. The routine is to go, pick up your care  
6 plans which are stapled together with your name on  
7 them?

8 A. Usually with my name on them, yes.

9 Q. And then look at the board to see who  
10 you're looking after?

11 A. Assigned to, mm-hmm.

12 Q. And do you remember if you had four,  
13 five, two, how many patients you had that day?

14 A. I don't remember exactly how many  
15 patients I had that day; approximately three to four.

16 Q. Was it an especially heavy day or was it  
17 just routine?

18 A. Well, I remember that morning I was  
19 actually supposed to start at noon, and I had been  
20 called in at 7:00 in the morning because there was a  
21 sick call from the night before, I think the RP had  
22 called in sick.

23 Q. I'm sorry, I didn't ---

24 A. The RP, the nurse in charge, I think,  
25 had called in sick that night.

1 Q. And when were you called at home to be  
2 told you had to come in?

3 A. Approximately 5:30.

4 Q. Okay. How long do you spend with your  
5 stapled together care plans, how long do you spend  
6 going over those?

7 A. The first thing in the morning, anywhere  
8 from 15 to 20 minutes and then usually go into -- or,  
9 I, myself, would go into report. At that point in  
10 time, it was taped report, so you would go into taped  
11 report and you'd proceed from there to get your report.

12 Q. I'm sorry?

13 A. You'd proceed from there to get your  
14 report.

15 Q. But did you listen to tape reports, too?

16 A. At that point in time, we listened to  
17 tape reports, but that day I do not recall anything  
18 specific of listening to tape report.

19 Q. You don't remember whether or not you  
20 did listen to a tape report?

21 A. There has never been a day that I can  
22 recall not listening to tape report when we had tape  
23 report at that time.

24 Q. So you're assuming you would?

25 A. I'm assuming I did, but that day I do

1 not recall specifics.

2 Q. Was Lisa one of the patients you were  
3 going to be assigned to?

4 A. No.

5 Q. No? And you find out who they were by  
6 looking at the board and looking at your patient care  
7 plan?

8 A. Mm-hmm, yes.

9 Q. The patient care plans you looked at,  
10 they would include only the patients you saw that day?

11 A. That's right.

12 Q. That you were looking after that day?

13 A. That's right.

14 Q. Did you see anybody else reading patient  
15 care plans while you were there?

16 A. No, not that I recall.

17 Q. Were there other stapled care plans  
18 around there waiting for other nurses?

19 A. As I stated before that day, I do not  
20 actually recall that morning where I saw the care  
21 plans. I do not recall that exact morning.

22 Q. Would it be routine, though, for them to  
23 be around in the same place; one for you, one for other  
24 nurses, then?

25 A. Routine. Routine, usually there are --

1 everybody's care plans are put together and they're  
2 there with everybody's names on, stapled together.

3 Q. Did you see Ms. Doerksen?

4 A. Yes, I did.

5 Q. Whereabouts was she when you saw her?

6 A. I do not recall. The only thing I do  
7 remember is that she had thanked me for coming in early  
8 that morning. I don't know if she was walking the  
9 hall, I just remember being thanked.

10 Q. And she made a point of thanking you for  
11 coming in?

12 A. She did.

13 Q. And do you remember when -- was that  
14 right when you got there or was it a few minutes after  
15 or what?

16 A. Right when I got there.

17 Q. Did you see her again after that?

18 A. Not that I can recall.

19 Q. Did you see Ms. Soriano?

20 A. Not that I can recall.

21 Q. Did anybody talk to you at all about  
22 what had gone on during the night?

23 A. No, not that I can recall.

24 Q. You became aware of -- you heard the  
25 code alarm, right?

1 A. Yes, I did.

2 Q. And where were you when you heard that?

3 A. I do not recall at that time exactly  
4 where I was when the code was called.

5 Q. Did you respond to it?

6 A. Yes, I did.

7 Q. And what did you do?

8 A. At that point in time, because a lot of  
9 people were already looking after the code, I made a  
10 point of making sure that every patient on the unit on  
11 5A was checked and then I stayed around the nursing  
12 station, just in case any call bells went off or  
13 anything was needed at that point in time.

14 Q. And how long did it take before things  
15 sort of got back to -- I won't say "normal," but got  
16 under control?

17 A. Gosh, I don't know, I'd be  
18 hypothesizing. At about -- it seemed like a long time  
19 at that point in time, I don't know, I don't know.

20 Q. Did you go into the room?

21 A. No, I did not.

22 Q. Did you speak to anybody about it that  
23 day?

24 A. No, I did not. Not other than just, I  
25 guess, around the nursing station just kind of that

1 what had happened had happened, but nothing in  
2 specific.

3 Q. You recollect having a general-type  
4 discussion with nurses around the station?

5 A. Well, just -- yes, general. I do not  
6 know who it was with.

7 Q. Did you ask what happened?

8 A. I do not remember, I don't recall.

9 Q. Do you remember what anybody told you?  
10 What information did you get in this discussion, if you  
11 got any?

12 A. I didn't really actually receive any  
13 information, other than the fact that we had had, you  
14 know, obviously there was a code because I had seen it,  
15 I was there, and just that Lisa had passed away.

16 Q. Did you know Lisa from prior admissions?

17 A. No, I did not.

18 Q. Did you see the Coroner at all?

19 A. No, I did not.

20 Q. Did you see any of the other nurses?  
21 Ms. Douglas, was she around at that time?

22 A. I think I did see Ms. Douglas walk by at  
23 some point in time, but I would not know what time it  
24 was.

25 Q. We've heard from other witnesses earlier

1 on in the inquest about the, I guess, the emotional  
2 distress many nurses were in. Did you see any of that?

3 A. I think there was a general feeling of  
4 emotional distress from everybody's point of view,  
5 everybody's part.

6 Q. You didn't notice any particular -- you  
7 didn't notice Ms. Doerksen saying or doing anything  
8 particularly emotional?

9 A. I -- other than seeing her first thing  
10 in the morning when I came on, I don't recall seeing  
11 her, other than that.

12 Q. Did you make notes about what happened?

13 A. No, I did not.

14 Q. Were you asked to by anybody?

15 A. No, I was not.

16 Q. All right, thank you, those are my  
17 questions.

18 THE CORONER: Mr. Krkachovski?

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

20  
21 CROSS-EXAMINATION BY MR. KRKACHOVSKI:

22 Q. Ms. Smith, were you not concerned in  
23 terms of caring for the other patients on the ward to  
24 know what happened to Lisa?

25 A. At that point in time, I think my frame

1 of mind was to make sure the situation was --  
2 obviously, there were a lot of people that were around  
3 that situation at that point in time and my concern at  
4 that point in time was to make sure that the rest of  
5 the patients on the unit were being taken care of and  
6 that somebody was covering them. That was my concern  
7 at that time.

8 Q. At some point -- I'm sorry, I didn't  
9 mean to cut you off.

10 A. Sorry, no, that was my concern at that  
11 point in time.

12 Q. At some point during the day, did you  
13 make an inquiry as to what exactly happened through the  
14 night?

15 A. No, not through the night, no, I did  
16 not.

17 Q. Again, was it not significant to find  
18 out what happened to make sure it didn't happen to one  
19 of the other patients on the ward?

20 A. That's a very hard question to ask  
21 because, I mean, I didn't really ask any questions  
22 about what had happened.

23 Q. I gather you were aware that Lisa was  
24 otherwise healthy and she was simply in for pain  
25 management?

1           A.    I am not fully aware of absolutely  
2 everything that has been going on.  No, I'm not aware.

3           I did not know anything about the case, about her case  
4 prior to or have I been that informed of what has been  
5 going on after.

6           Q.    From the discussions around the nursing  
7 station, did you learn at least that much that day,  
8 that she had simply been in for pain management?

9           A.    I do not recall.  I mean, as far as I  
10 knew, I pretty much got the very basics that somebody  
11 had -- that Lisa had passed away and I do not recall  
12 any more details other than that.

13          Q.    Do you recall any of the nurses  
14 specifically involved in this general discussion about  
15 what happened?

16          A.    No, I do not recall any of that.

17          Q.    At any time during the course of the  
18 day, are you aware of any discussion regarding the  
19 preservation of Lisa's patient care summary?

20          A.    No, I did not.  (sic)

21          Q.    Or the tape?

22          A.    No, I did not.

23          Q.    Was there any mention of a Corometric  
24 monitor that day?

25          A.    Not that I heard of, no.

1 Q. And in terms of your normal practice, I  
2 appreciate you can't tell us what you did that morning  
3 specifically, but in terms of your normal practice,  
4 when you listen to a tape, I gather that the patients  
5 are on the tape randomly?

6 A. Because the -- because of the way that  
7 the patients are divied up or divided between the  
8 nurses from the nights during -- to the day, I do not  
9 necessarily take over for one specific nurse. What can  
10 happen is that if a number are being grouped together  
11 so if you would like to get, say, one nurse out of the  
12 tape room a little earlier, to be able to, you know,  
13 take over for the unit and so on and so forth, you  
14 would maybe ask nurses to kind of tape at the beginning  
15 so that they could, on those specific patients for that  
16 one nurse, so that they would be able to come out of  
17 the room earlier.

18 Q. If you get a grouping of patients from  
19 different nurses, I gather they're not taped as a group  
20 and what you have to do is listen to the tape until you  
21 find the names of your patients and listen to those  
22 reports. Would I be right?

23 A. It's been done either way. There has  
24 been times when one nurse will go on from the night  
25 shift and will tape on all of her patients and so, yes,

1 in the morning you would have to, say, fast forward or  
2 listen to everything until you've heard your patients'  
3 reports. Some other times it has been done so that one  
4 nurse, say, predominantly one nurse has more patients  
5 of another nurse that's coming on, she will tape, I  
6 guess, on those two patients and then somebody else  
7 will, say, tape on the other nurse's third patient,  
8 just so that that one nurse could get out earlier, so  
9 that she wouldn't have to sit through the whole, entire  
10 taping.

11 Q. When you sit down to listen to the tape,  
12 do you know which way it has been done on the tape;  
13 that is to say, whether they're grouped or  
14 interspersed?

15 A. Usually what happens is you do identify  
16 that it is that day and it's for, say, long day or long  
17 night at the beginning of your taping. So say I came  
18 on, I would sit like I was taping for the night, I  
19 would say it's for whichever day and I would say it  
20 was, say, from the long day so that you would have an  
21 idea. Usually the nurse from the night before would  
22 rewind to the beginning of that tape so it's all ready  
23 for the nurses when they come in.

24 Q. I understand that, but when you sit down  
25 to listen to the tape from the night staff ---

1 A. Mm-hmm.

2 Q. --- you're not aware as to whether your  
3 patients are grouped or whether they're interspersed  
4 through the tape?

5 A. Not usually.

6 Q. Pardon me?

7 A. Not usually.

8 Q. All right. So when you press the play  
9 or the fast forward button, you don't know where to go,  
10 you have to wait to hear the first name before you know  
11 where you're going; would that be fair?

12 A. That would be fair on most occasions,  
13 but sometimes it has been done so that either a nurse  
14 would be able to get out of the taping room earlier so  
15 that taping has been done for that nurse, so that the  
16 nurses from the night have purposely taped on, say,  
17 each and every patient of that next nurse in the day is  
18 going to be getting.

19 JUROR #5: I don't understand.

20 THE WITNESS: You don't understand what I  
21 mean?

22 JUROR #5: Explain that again, please?

23 THE WITNESS: Okay. If I was getting, say,  
24 two patients from Nurse A and one patient  
25 from Nurse B, that Nurse A would go in and

1 say this would tape on those two patients for  
2 me and then Nurse B would go in and tape on  
3 that patient, just so one person can come out  
4 and then the rest of the tape would be just,  
5 everybody would tape on their normal  
6 patients.

7 JUROR #5: A lot of good timing, isn't it?

8 THE WITNESS: I mean, it ---

9 JUROR #5: That's how it's done all the  
10 time?

11 THE WITNESS: No, it's not done all the  
12 time. As I said, as I stated before, on the  
13 occasion that has been done to allow for a  
14 nurse to be able to come out.

15 JUROR #5: Once in a while it could be done?

16 THE WITNESS: Once, on the occasion, if it  
17 happened to be that, say, one nurse had  
18 predominantly more patients of one nurse that  
19 was coming on, but the majority of the time,  
20 it was just one nurse from the night shift  
21 would tape on all of their patients, and so  
22 you would have to listen through all of the  
23 tape.

1 BY MR. KRKACHOVSKI:

2 Q. I gather there's no recording on a piece  
3 of paper the order of the patients on the tape?

4 A. Not usually, no.

5 Q. So when you sit down, you just have the  
6 tape recorder in front of you?

7 A. I mean, on occasion, as well, it has  
8 been that the nurses have checked off that they have  
9 taped so that we know that everybody has taped, but  
10 it's -- that's only on occasion, as well.

11 Q. Right, but my point simply is you're not  
12 working from any record that tells you the sequence of  
13 patients on the tape?

14 A. No, we're not.

15 Q. Okay. And can you tell us as to whether  
16 anyone was assigned to guard Lisa's room after the code  
17 was finished, pending the arrival of the Coroner?

18 A. I'm not aware of anybody being assigned  
19 to guard the room, but I am aware that I did see Sian  
20 sitting -- standing outside the room most of the time.

21 Q. Most of the time? Was anyone inside the  
22 room?

23 A. I do not recall; not that I'm aware of.

24 Q. I think you were asked this question  
25 about entering the room and I think you said you

1 didn't. Did you not enter Lisa's room at any time?

2 A. Not at any time.

3 Q. Kiersten, is she a day nurse, Kiersten  
4 Farquharson, I think, was the name?

5 A. She was a nurse that worked on the unit,  
6 yes.

7 Q. All right. Now, if Kiersten and Ms.  
8 Phillibert are tied up with Lisa's room, presumably  
9 that would just leave you to look after the patients on  
10 the floor, am I right?

11 A. Kiersten, I don't believe, was working  
12 on the unit that day. Sian was working on the unit,  
13 yeah, that day, and I actually remember looking after  
14 her patients while she was standing outside the room.

15 Q. Do you know where Kiersten came from?

16 A. No, I do not.

17 Q. Thank you.

18 THE CORONER: Ms. Posno?

19 MS. POSNO: No questions, thank you.

20 THE CORONER: Mr. Gomberg?

21 MR. GOMBERG: All right, I just have a few.  
22

23 CROSS-EXAMINATION BY MR. GOMBERG:

24 Q. As I understand it, you, the first thing  
25 you did that day, you got there a bit early, is that

1 right?

2 A. Well, my usual time. I like to be a  
3 little prepared.

4 Q. All right. And you had your nursing  
5 care plans for the patients that you were taking over  
6 segregated someplace, is that right?

7 A. I do not actually recall that specific  
8 day; on the usual day, that's how they are.

9 Q. So they would be in a pile; "pile" may  
10 be the wrong word, but they would be -- you had four  
11 patients or five patients, you don't know?

12 A. Three or four, I'm not sure.

13 Q. All right, but something like that, four  
14 or five patients, and they would be in a separate pile  
15 from the other pile, if I can put it that way?

16 A. Yes, they would.

17 Q. All right. And I take it they wouldn't  
18 be in any particular order, would they?

19 A. No, they would not.

20 Q. All right. So it's fair to assume that  
21 the other pile wouldn't be in any particular order,  
22 either?

23 A. No, they would not.

24 Q. And just to be clear, Lisa Shore was not  
25 supposed to be your patient that day?

1 A. No, she was not.

2 Q. All right, so her patient care plan was  
3 in the other pile? You don't know, but it wasn't in  
4 your pile?

5 A. It was not in my pile.

6 Q. All right.

7 A. I never saw it.

8 Q. All right. Now, the other nurse who was  
9 coming, as I understand it, that day, was Nurse Papa,  
10 is that right?

11 A. Yes.

12 Q. And Lisa was supposed to be her patient?

13 A. I do not recall that myself from that  
14 day. The only thing that I recall is just hearing it  
15 today.

16 Q. All right. And I take it that you  
17 never, ever, ever had any discussion with Nurse  
18 Doerksen or with Nurse Soriano about Lisa's patient  
19 care plan?

20 A. No, I did not.

21 Q. And that you never had any discussion  
22 with Nurse Papa about Lisa's nursing care plan?

23 A. No, I did not.

24 Q. And that you never had any discussion  
25 with Nurses Doerksen, Soriano or Papa about the tape

1 that was made with regard to Lisa's care?

2 A. No, I did not.

3 Q. And you never had any discussion with  
4 any of those people about whether or not they'd heard  
5 the tape?

6 A. No, I did not.

7 Q. All right. Now, you have no specific  
8 recollection of having listened to the tape that  
9 morning, that's the morning of October 22nd?

10 A. No, I did not.

11 Q. All right. But it would have been your  
12 usual practice to listen to the tape?

13 A. It would have.

14 Q. And you can't tell us whether you would  
15 have listened to the Lisa Shore part of the tape,  
16 because you don't remember whether you listened to the  
17 tape, you don't remember specifically listening to the  
18 tape at all?

19 A. That is right.

20 Q. All right.

21 A. That's correct.

22 Q. The only other issue that I wanted to  
23 deal with and I think the -- Mr. Bamford asked you  
24 about this question, and I want to make sure that I  
25 understand this. Let's assume for the minute that

1           there are nine patients that are being cared for by two  
2           nurses, okay, and we'll call them patients 1, 2, 3, 4,  
3           5, all right, and that's how they're looked after at  
4           night and then 6, 7, 8, and 9. All right?

5           A.    Okay.

6           Q.    All right. So taping is done by two  
7           nurses ---

8           A.    Mm-hmm.

9           Q.    --- on those nine patients. So let's  
10          say Nurse Doerksen is taping on 1, 2, 3, 4, and 5 and  
11          Nurse Soriano is taping on 6, 7, 8, 9. Do you follow  
12          me so far?

13          A.    I do.

14          Q.    All right. Now, there are two ways that  
15          the taping can be done. First of all, we agree that  
16          the organization, just for purpose of analysis, is that  
17          the new nurse may be looking after patients 1, 2, 4, 7  
18          and 9, all right? I'm making that up, it could be  
19          anything, but it's likely not going to be the same  
20          split, in other words, 1, 2, 3, 4 and 5 grouped  
21          together, and 6, 7, 8, 9 grouped together, all right?  
22          Do you accept that proposition just for the purpose of  
23          this little analysis?

24          A.    Sure.

25          Q.    All right. So somebody is going to have

1 to listen to the tapes, one of the two nurses, we'll  
2 call it Nurse Papa for the minute, all right, just by  
3 way of example, would have to listen to the tapes on  
4 patients 1, 2, 4, 7 and 9, right, if you use my  
5 example?

6 A. If you use your example and your example  
7 is ---

8 Q. Well, let's just use my example for the  
9 minute, okay, because I don't think it's that far-  
10 fetched an example. Now, those tapes would not be in  
11 order unless something unusual happened, right? In  
12 other words, they wouldn't be in that order unless the  
13 nurses who were taping said to themselves we're going  
14 to go in and specifically tape so that 1 goes first, 2  
15 goes second, 4 goes third, 7 goes fourth and 9 goes  
16 fifth, right? All right, and they'd have to  
17 advertently, those two nurses, say we're going to co-  
18 ordinate that taping to make it easy or easier for  
19 Nurse Papa, right, so that Nurse Papa now can listen to  
20 those in one block, right?

21 A. Sure. But you can also have that you've  
22 got one patient from, say, 1 or 2, and then the rest of  
23 your patients happen to be 7, 8 and 9.

24 Q. That's true.

25 A. So if 1 or 2 happens to be something

1           that you may not need, you know, then you just need to  
2           listen to 7, 8 and 9.

3                   Q.    But my point, though, is this:  it would  
4           take a fair degree of co-ordination between the two  
5           outgoing nurses to save the two ingoing nurses a bit of  
6           work, right?

7                   A.    But sometimes it has been done, it has  
8           been done, for say -- I mean, that would, your example  
9           would be a lot of work, yes.

10                   Q.   Right.  Well, you see, the problem is  
11           that we don't know about any of the other patients on  
12           the ward and who was looking after who, so my example  
13           is as good as an example you can think of, right?

14           Those are my questions.

15                   THE CORONER:  Mr. Hawkins?

16                   MR. HAWKINS:  I have no questions, thank  
17           you.

18                   THE CORONER:  The jury?

19  
20           CROSS-EXAMINATION BY THE JURY:

21           BY JUROR #1:

22                   Q.    Yes, Nurse, you arrived at 7:00 a.m.  
23           that morning?

24                   A.    Around 7:00.

25                   Q.    Around 7:00 a.m.  And could you tell me

1           what occurred after that? Take me through the first 15  
2           minutes.

3                   A. I actually don't recall the specific  
4           first 15 minutes of that exact day. My usual practice  
5           is, as I've stated before, to collect my care plans  
6           from the front desk, to look up on the board and to see  
7           who my patients are and to proceed from there to write  
8           down my -- just to write down and see what I need to be  
9           aware of that I need to do for the day.

10                   Q. Could you speak up a little bit, Nurse,  
11           please?

12                   A. Sorry. Just to see what I do -- what I  
13           need to be aware of, what I need to do for that day,  
14           and just be fully aware of my patients.

15                   Q. So you go in and you go to the front  
16           desk, you look up at the board and see who your  
17           patients are. You then look at the patient care  
18           summaries?

19                   A. I do, I collect my care plans and ...

20                   Q. Mm-hmm. And at some point that morning,  
21           Nurse Doerksen spoke with you.

22                   A. I just recall, I don't know what time it  
23           was at, I just recall when I first came on, around  
24           7:00, that in passing she had said to me, "Thank you  
25           very much for coming in," and I just remember that,

1 that's all I remember. That's all I recall of seeing  
2 her.

3 Q. So you recall seeing her around 7:00  
4 a.m. that morning, then?

5 A. Some time around there, yeah.

6 Q. Yes. And where was Ms. Doerksen when  
7 you spoke with her at 7:00 a.m. that morning?

8 A. As I stated before, I do not recall  
9 exactly where it was.

10 Q. Do you recall if it was at the counter  
11 collating the patient care summaries?

12 A. No, I do not recall that.

13 Q. Do you recall if she was attending to  
14 the other four, the other patients that she ...

15 A. I do not recall. All I just remember is  
16 remembering her saying, "Thank you for coming in."  
17 That's all I remember.

18 Q. When you were saying that the nurses,  
19 when you listened to a recording in 1998, you say the  
20 nurses sometimes check off that they have listened to  
21 their sections. How do they check it off and where do  
22 they check it off?

23 A. Just on a written piece of paper, you  
24 either mark down, write your name down that you have  
25 recorded already.

1 Q. So you would write down your name and  
2 the patients that you recorded for?

3 A. No, just your name that you had  
4 recorded.

5 Q. Just your name?

6 A. Mm-hmm.

7 Q. So by process of elimination, the others  
8 would know. I don't think that would be helpful to --  
9 who would that be helpful to?

10 A. Just so that you would know if you had  
11 -- so you know who's taped and who hasn't taped and who  
12 still needs to tape.

13 Q. Who would need to know that, the charge  
14 nurse?

15 A. I guess all of us would need to know who  
16 was taped last and, you know, if we still need to tape.

17 MS. BROWNE: I'm sorry, I can't hear.

18 THE WITNESS: Sorry, just, it wasn't a  
19 practice that was done all the time, it was  
20 just once in a while I had seen it done, but,  
21 you know, just, I'm not sure who would want  
22 to be keeping track of -- just, I guess, so  
23 we would all know who has and who has not  
24 taped.

25

1           BY JUROR #1:

2           Q.    So where they check off the list if they  
3           taped, and you don't know how that would be helpful to  
4           the other nurses on that ward?

5           A.    Well, it would be helpful to know who  
6           has and who has not taped still.

7           Q.    And why would that be?

8           A.    So you know who has taped on their  
9           patients and who still needs to tape. I guess it would  
10          be good for the RP or ...

11          Q.    I don't understand for what purpose it's  
12          necessary, that's what I'm asking you to try to ---

13          A.    Okay.

14          Q.    --- help me understand, because I  
15          understand that those tapes aren't used again for  
16          another 12 hours, so what would be the importance of  
17          writing a note to say that you've listened to your --  
18          you've taped off your patients?

19          A.    It would probably just be helpful for  
20          the -- probably for the nurse in charge to know that  
21          everybody has taped, but now I'm hypothesizing, so ...

22          Q.    Right, you're just guessing, really?

23          A.    Mm-hmm.

24          Q.    Okay, and did I hear you say a little  
25          while ago that most usually the group is together and

1 listening to the recordings together? That's the most  
2 usual way that one receives the report in the morning?

3 A. Yes, it is.

4 Q. Was someone with you that morning when  
5 you took your report?

6 A. I do not recall, I don't specifically  
7 recall that morning taking report.

8 Q. Did you make a note that morning that  
9 you had taken -- that you had listened to your report?

10 A. There's never been an occasion when  
11 we've made a note that we've listened to our report.

12 Q. Well, you just said that you leave notes  
13 to say ---

14 A. No, no, no.

15 Q. --- where you check off?

16 A. No, that was actually in relation to  
17 taping the report from the night before, or from the  
18 day before, when you are actually making the tape.

19 Q. When you're making the tape ---

20 A. For the next nurses.

21 Q. --- you check off?

22 A. Or you've just -- it has been done on  
23 the occasion that you have written, you know, that  
24 people would have written their names down to say that  
25 they had taped, not that they had listened.

1 Q. So was there a note that morning that  
2 someone had taped?

3 A. I do not recall.

4 Q. And you don't recall whether anyone was  
5 in the room with you when ...

6 A. As I stated before, I don't recall  
7 listening to taped report that morning. As I said  
8 before, there hasn't been an occasion when I have not  
9 listened to tape report when we did tape report, but I  
10 do not distinctly remember that morning listening to  
11 the report.

12 Q. And could you tell me, then, the patient  
13 care summaries, when you arrived in the morning, how  
14 they are set up?

15 A. On a usual day, they are stapled  
16 together and they are put in your pile with your name  
17 on top of which patients that you have.

18 Q. What do you mean, "your pile"? Would  
19 everyone have a slot or an area or a box?

20 A. No, it's usually on the front of the  
21 nursing station ---

22 Q. Mm-hmm.

23 A. --- that you'd have, say, Nurse A's,  
24 Nurse B's, C's, D's, with your name on top.

25 Q. So they're grouped in -- they're grouped

1 according to the nurse that's caring for those  
2 patients?

3 A. Yes.

4 Q. And what, clipped to that or -- would be  
5 your name?

6 A. Sure.

7 Q. "Nurse Smith" and so on?

8 A. Sure.

9 Q. Incidentally, how many nurses were on  
10 duty for your shift?

11 A. I do not recall.

12 Q. You don't recall ---

13 A. I don't.

14 Q. --- how many nurses were on duty on 5A  
15 that day?

16 A. No, I do not recall that.

17 Q. Do you know how many nurses usually are  
18 on duty on 5A?

19 A. No, I don't.

20 Q. Okay, there was yourself and Nurse  
21 Phillibert and the Constant Care nurse; can you  
22 remember if anyone else was on duty that day?

23 A. I do remember that Marta was there, as  
24 well.

25 Q. Who?

1 A. Marta Papa.

2 MR. GOMBERG: Nurse Papa.

3

4 BY JUROR #1:

5 Q. Nurse Marta?

6 A. "Papa" was her last name.

7 Q. Oh, oh, yes.

8 MR. HAWKINS: If I can assist, I think as I  
9 said at the outset, there were five nurses on  
10 duty on 5A that day. You've now heard from  
11 four. The fifth one is now in England.

12 JUROR #5: Out of town.

13 MR. HAWKINS: Out of the country.

14 JUROR #5: Out of the country, I mean.

15 Thank you.

16

17 BY JUROR #1:

18 Q. So is there anything you can tell this  
19 jury now, any conversations that you can recollect that  
20 day?

21 A. No, there's nothing. There's nothing.

22 Q. There's nothing that you can recollect?

23 A. Nothing. Not in conversations, no.

24 Q. How about conversations after the event?

25 A. Other than -- very generalized

1           conversations, but nothing in specific just about what  
2           had happened.

3                    Q.    Would that be, you know, just the basics  
4           as you said earlier, just generalized?

5                    A.    Just generalized, just the basics, mm-  
6           hmm.

7                    Q.    And you can't remember who you discussed  
8           this with, or can you?

9                    A.    I think it was a social worker for the  
10          hospital, but that was -- but I -- then I'm saying "I  
11          think."

12                   Q.    And you discussed generalities of the  
13          occurrences that night with the social worker?

14                   A.    I don't think it was necessarily  
15          generalities of the occurrences, it was more -- I think  
16          more of the -- the coping and the stress for the nurses  
17          is what it was more for.

18                   Q.    And during the code, you were caring for  
19          the patients of Ms. -- of another nurse, were you?

20                   A.    No, during the code, I was looking after  
21          -- I was -- I checked on all of the patients on the  
22          unit, on 5A and I stayed around the nursing station in  
23          case any of the -- anything was needed, any of the call  
24          bells went off or anything, so that somebody was  
25          covering the unit while the code was going on.

1 Q. So you were the sole nurse covering the  
2 rest of 5A during the code?

3 A. I don't know if I was the sole nurse  
4 that was doing -- but I wouldn't be able to tell you  
5 that, I just know that I went and I checked every  
6 single room.

7 Q. Including your own patients?

8 A. Including my own patients, of course.

9 Q. And you arrived on the station at 7:00  
10 a.m.; did you hear any alarms at that time?

11 A. Not that I can recall.

12 Q. Had you had been at the nursing station  
13 in any of those conference rooms, I understand there's  
14 about three in and around that area, would you have  
15 heard an alarm?

16 A. If I was at the nursing station,  
17 definitely.

18 Q. What about in the conference room where  
19 you tape, where you listen to the tapes?

20 A. Maybe, I'm not sure.

21 Q. What about the other conference room  
22 where you do your patient care summaries?

23 A. I'm not sure which conference room you'd  
24 be talking about.

25 Q. Do you have three conference rooms in

1 and around that nursing station?

2 A. I know of one conference room. At the  
3 back hall there is another room, but it's for the RP's  
4 to put their things in, their belongings in.

5 Q. So you can't help us in any other way,  
6 then, as to events that occurred that day surrounding  
7 this?

8 A. Not that I'm aware of.

9 Q. Not that you're aware of. I was indeed  
10 very interested in one of the Counsel's questions to  
11 you and it really struck me that, you know, you're  
12 coming in on duty, you've got patients that presumably  
13 you must care about and want to care for and want to  
14 give the best care to, and on the other hand, you have  
15 an unexpected, sudden death of a healthy little girl  
16 and there isn't enough curiosity to say, "What happened  
17 here? What is going on? What can I learn from this to  
18 protect my patients?" Because at that point, nothing  
19 was known, anything could have occurred that night,  
20 without being too sinister, and with some knowledge,  
21 perhaps, you could go forward, all of you, not just  
22 you, Nurse, and act at protecting the remaining  
23 patients on the ward.

24 A. I don't ---

25 Q. Can you comment on that?

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A. I don't know how you expect me to respond to that.

Q. That you didn't have any curiosity?

A. I think that we all, as nurses, go into the nursing profession because we care and we never mean to do any harm.

Q. Pardon me?

A. We never mean to do any harm, we care. We care about our patients, we care about our families, and I think we're all caring individuals.

Q. I would certainly hope so.

A. Of course.

Q. But that's not -- that wasn't my questions ---

A. Just because I ---

Q. --- as to how the events that relate could possibly impact on your other patients.

A. I mean, we, of course, you know -- I don't know what you -- how you expect me to respond to that. I don't understand how you expect me to respond to that.

Q. With no response. Thank you.

THE CORONER: Any further questions?

1           CROSS-EXAMINATION BY THE CORONER:

2                   Q.    Just one bit of clarification, and this  
3                   doesn't apply to the day that Lisa dies; is it normal  
4                   for when the day staff come in, is the first thing you  
5                   do find who your patients that have been assigned to  
6                   you are?

7                   A.    That would be my normal practice.

8                   Q.    And then do you at that time find their  
9                   care sheets?

10                  A.    That would be the practice.

11                  Q.    And under normal circumstances, I  
12                  suppose that the other nurses coming on at roughly the  
13                  same time do the same in that sequence, normally?

14                  A.    Somewhere along those lines, yes.

15                  Q.    Is it routine practice, having done  
16                  that, that all the day staff nurses will go in and  
17                  listen to the tape at the same time?

18                  A.    Usually that would be the practice.

19                  Q.    Usually that happens.  And in the normal  
20                  day, I'm not talking about Lisa's day, in the normal  
21                  day, give me a time frame when that would occur?

22                  A.    Approximately a quarter after 7:00.

23                  Q.    So that on this particular day, the code  
24                  for Lisa occurred at a time when, in general terms,  
25                  you'd be expecting the day staff to all gather together

1 to listen to the tape?

2 A. Yes.

3 Q. But you cannot recall on this occasion  
4 whether, in fact, when the code went off, you were all  
5 in listening to the tape or in fact your recollection  
6 is that you were not in listening to the tape at the  
7 time?

8 A. No, I never said that I was not in. I  
9 do not recall.

10 Q. You just don't recall.

11 A. I don't recall. It doesn't stick out in  
12 my mind.

13 Q. Thank you. Any further questions of the  
14 witness? Thank you, the witness may step down. I  
15 think this is a reasonable time to recess for lunch.  
16 We'll recess until 1:45 and I understand at that time,  
17 Mr. Hawkins, it will be Dr. Reeder from the hospital  
18 will be testifying, is that correct?

19 A. Yes, I believe so.

20

21

22

23

24 --- LUNCHEON RECESS

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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