

INQUEST INTO THE DEATH OF

L I S A S H O R E

RECALLED EVIDENCE OF ANAGAILLE SORIANO

TAKEN FEBRUARY 7, 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
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1 THE CORONER: Ladies and gentlemen of the
2 jury, you've had in the questioning of the
3 last witness, certainly, I got the impression
4 that you would like to be able to ask some
5 questions of both Nurse Soriano and Nurse
6 Doerksen with regard to the taping. That has
7 been the view of some of the Counsel at the
8 break, too, and they are both going to be
9 recalled at this time for further
10 questioning. Ms. Browne, who are you calling
11 first?

12 MS. BROWNE: We'll call first Ms. Soriano.

13 THE CORONER: Ms. Soriano was originally
14 sworn in, so it's not necessary to reswear
15 her at this time.

16
17 ANAGAILLE SORIANO, PREVIOUSLY SWORN

18 RE-EXAMINATION BY MS. BROWNE:

19 Q. Ms. Soriano, the jury will have some
20 questions for you, as will other Counsel. I just want
21 to ask you, what's your understanding of this process
22 of taping reports from the ward?

23 A. Tape report is at the end of the shift,
24 we tape on the different patients that we've had during
25 the day, including a brief history of the patient, what

1 the condition is and the diagnosis, the age ---

2 JUROR #2: I'm sorry, I can't hear.

3
4 BY MS. BROWNE:

5 Q. You'll have to speak up.

6 A. We tape the name of the patients and
7 then there would be all the patients that we've had
8 during the day, their condition or their diagnosis and
9 then we tape on the vital signs and on the significant
10 happenings during the day and also the treatment plan
11 of care, so it's basically what happened during the
12 day, but it's very brief.

13 Q. Specifically, Ms. Soriano, does this, as
14 somebody asked before, does this go on from point to
15 point all through the shift or is it done at the end of
16 the shift before you turn the patient over to somebody
17 else?

18 A. It depends on the nurse. Some nurses do
19 it -- well, most nurses do it at the end of the day
20 when the shift is almost over, just before change of
21 shift.

22 Q. Specifically what did you do on that
23 day, October the 21st, October the 22nd, did you use a
24 tape recorder from time to time through the night and
25 into the morning or did you make a taped report at the

1 end of the shift?

2 A. What I did that night was I made a tape
3 report between 6:00 and 7:00 in the morning and I just
4 did it at one sitting.

5 Q. You did it where, at one sitting?

6 A. Yeah.

7 Q. And where did you do it?

8 A. I did it at the conference room, at the
9 back conference room that we normally use.

10 Q. Did you make it on all of the patients
11 that you had taken care of?

12 A. Yes, I did.

13 Q. Was anyone else there when you made it?

14 A. No.

15 THE CORONER: Can I just clarify, on all the
16 patients, did that include the patients that
17 you were covering for?

18 THE WITNESS: No, I only taped on the four
19 patients that I had that night.

20 THE CORONER: The four patients that were
21 directly assigned to you?

22 THE WITNESS: Assigned to me, yes.

23 THE CORONER: Thank you.

24

25

1 BY MS. BROWNE:

2 Q. Did that include Lisa?

3 A. No. It was -- it's only the four
4 original patients that I had been assigned to at the
5 beginning of the shift.

6 Q. So you're saying that you made no tape
7 report on Lisa?

8 A. No.

9 Q. Do the other nurses then use the same
10 tape to add their reports to, or do they use different
11 cassettes?

12 A. No, it's just one tape and one cassette
13 recorder and we use that same tape for every shift.

14 Q. All right. Were you the first person to
15 put your report onto the tape recorder that morning, I
16 guess, between 6:00 and 7:00?

17 A. I don't remember if I was the first
18 person or not, but it would have been just me and Ruth
19 who had taped that night.

20 Q. Was Ruth with you -- you said nobody was
21 with you when you taped?

22 A. No, I was by myself.

23 Q. Do you know whether she had gone in to
24 tape before you came in or after?

25 A. I don't remember that.

1 THE CORONER: Just for clarification, only
2 the two of you would tape that night?

3 THE WITNESS: There was ---

4 THE CORONER: What about the Constant Care
5 Room or is it different?

6 THE WITNESS: In the Constant Care Room, she
7 would have to give verbal report for the day
8 nurse that would be coming in.

9 THE CORONER: Okay, so the taping, as far as
10 that evening is concerned, is only for the
11 patients that you were looking after and the
12 patients that Nurse Doerksen was looking
13 after?

14 THE WITNESS: Yes.

15 THE CORONER: Thank you.

16

17 BY MS. BROWNE:

18 Q. After you made the tape of Ms. Soriano,
19 what happened to it?

20 A. Oh, I don't know. It's still there in
21 the conference room, it just stays there in the
22 conference room.

23 Q. Well, did the code interrupt your
24 taping?

25 A. No, I had taped between 6:00 and 7:00 in

1 the morning, so it was before the code.

2 Q. So when you finish, you just press the
3 stop button and go off to do whatever you have to do?

4 A. Yes.

5 Q. And you don't know what happened to that
6 tape or do you?

7 A. Either somebody else who needed to tape
8 after me, it would have been Ruth, or if I had taped
9 before her or if she had taped after me, then it's just
10 going to be on stop and then people in the morning
11 shift would rewind it to listen to it.

12 Q. The purpose of this tape is for the
13 replacement day nurses to hear this, as well as look at
14 the patient care summary that is spit out of the
15 computer at 6:15?

16 A. Yes.

17 Q. All right. And those two things, the
18 computer patient care summary, the tape and your verbal
19 reports are what alerts the new nurses coming in to the
20 problems of the day?

21 A. Yes.

22 Q. All right, those are my questions. You
23 may have some others.

24 THE CORONER: Mr. Krkachovski?

25 MR. KRKACHOVSKI: Actually, Mr. Gomberg will

1 go first, Mr. Coroner, if that's acceptable
2 to you.

3 THE CORONER: That's fine.
4

5 RE-EXAMINATION BY MR. GOMBERG:

6 Q. When you prepared the tape that you
7 prepared between, I think you said 6:00 and 6:30 ---

8 A. I said between 6:00 to 7:00.

9 Q. I'm sorry, 6:00 to 7:00, do you know
10 whether it was closer to 6:00 or closer to 7:00?

11 A. I don't remember. I know I usually tape
12 between 6:00 to 7:00, after I've checked my patients
13 for 6:00.

14 Q. All right.

15 A. And before 7:00, before I check my
16 patients again for 7:00.

17 Q. All right. And this was an unusual
18 night, because somebody died just at the change of
19 shift, right?

20 A. Yes.

21 Q. And can you recall now whether you taped
22 before or after the nursing care plans were printed up?

23 A. I know I taped between 6:00 to 7:00, I
24 don't remember whether it was before or after the
25 nursing care plans had come out.

1 Q. So you don't know whether it was before
2 or after. Did you look at the nursing care plans that
3 were printed up that morning?

4 A. No.

5 Q. All right. So let's just back up,
6 because I think the question was a bad one. If you
7 didn't look at the nursing care plans that morning,
8 then is it fair to say that you would have done the
9 dictation without having reviewed the nursing care
10 plan?

11 A. I have my own nursing care plans from
12 the night shift when I come on shift for the night,
13 October 21st, for my own patients. I wouldn't have
14 seen any other care plans in the morning.

15 Q. No, but isn't it the requirement of the
16 nurse who is doing the taping to convey information to
17 the nurse who is listening to the taping. Now, that's
18 the purpose of the taping, right?

19 A. Yes.

20 Q. All right.

21 A. I think what you're asking me is if I
22 used those care plans for my tape report, right?

23 Q. That's right, that's what I am asking.

24 A. Those care plans are for the morning
25 shift, for the day shift, that come out of the printer

1 at 6:30. I have -- we have our own care plans for the
2 night shift that we would have received at the
3 beginning of our shift at 6:30 at night.

4 Q. Right.

5 A. So the ones that are spit out in the
6 morning at 6:30 in the morning, it would be for the day
7 nurses, not for the night nurses.

8 Q. All right. Is it your evidence that
9 when you prepare the taped summary, that's the audio-
10 taped summary, that you never refer to the nursing care
11 plans that are in the process of coming out of the
12 printer or that have just come out of the printer?

13 A. I don't specifically use the ones that
14 are in the printer. I use my care plans from the night
15 shift.

16 Q. Right.

17 A. I either use my worksheet or I either
18 look at the flow sheet or I either look at the chart to
19 see what problems or significant changes that may have
20 happened throughout the night.

21 Q. Right.

22 A. I don't specifically just the use the
23 nursing care plan by itself.

24 Q. All right. Now, did you ever talk to
25 Nurse Doerksen about her taping that morning?

1 A. No.

2 Q. Did you ever find out from Nurse
3 Doerksen whether she taped on Lisa Shore before Lisa
4 died?

5 A. She would have taped before 7:00, that's
6 usually our practice.

7 Q. All right. So it's certain in your mind
8 that there would have been a taped summary of Lisa's
9 care on that tape recorder at roughly 7:00 in the
10 morning done by Ruth Doerksen?

11 A. Yes.

12 Q. Did you think to, after Lisa died, say
13 to anyone, let's take the tape and put the tape in an
14 envelope and give it to the Coroner?

15 A. No.

16 Q. Why not?

17 A. It didn't come to mind with all the
18 confusion and what was going on. That was the one
19 thing that I didn't think of.

20 Q. Did you think of discussing whether or
21 not that tape should be set aside for the use of an
22 investigation in the hospital? Forget about the
23 Coroner.

24 A. Did I discuss it with anybody?

25 Q. Did you think about it?

1 A. Did I think about it?
2 Q. Yes.
3 A. Looking back at it now, maybe.
4 Q. No, I'm asking you then.
5 A. I didn't think of it then.
6 Q. You didn't think of it. And you had no
7 discussion with anybody from the hospital about
8 retaining that tape up until when the day shift
9 apparently taped over that tape for the next day?
10 A. No.
11 Q. And am I correct in my understanding
12 that that's what would have, in the normal course,
13 happened? That tape, including a summary of a recently
14 dead girl, would have sat on the machine from 7:00 in
15 the morning until presumably 7:00 at night when the
16 next leaving nurse, that's one of the day nurses, would
17 have taped their own summaries on their patients over
18 the earlier recording.
19 A. What's your question?
20 Q. Okay, the tape sat on the machine?
21 A. Yes.
22 Q. It sat on the machine all day?
23 A. I don't know if it sat on the machine
24 all day.
25 Q. All right. There were -- first of all,

1 do you know the day nurses were on 5A that day?

2 A. No.

3 Q. You don't remember?

4 A. I don't remember.

5 Q. You don't remember?

6 A. I don't remember.

7 Q. All right. Well, there were day nurses

8 on 5A that day, right?

9 A. Yes.

10 Q. All right. And we know that -- do you

11 remember how many there were?

12 A. No.

13 Q. Well, do you remember -- if I suggest to

14 you that Lori Strati was there that day?

15 A. Yes.

16 Q. Does that help?

17 A. Yes.

18 Q. Yes?

19 A. Yes.

20 Q. She was there that day?

21 A. Yes.

22 Q. All right. And Bruna Villela, I suggest

23 to you that she was there that day? Does that ring

24 your -- jog your memory?

25 A. I didn't see her that day.

1 Q. All right. So Bruna Villela, if I'm
2 pronouncing it right, may have been there ---
3 A. It's "Villela."
4 Q. Villela, she may have been there and she
5 may not have been there?
6 A. I didn't see her. She may have been
7 there.
8 Q. All right. But Lori Strati was there
9 for sure?
10 A. Yes.
11 Q. All right. Now, anybody else who was
12 there for sure that you can remember? I'm talking
13 about the day shift on 5A.
14 A. No, I can't point out any names.
15 Q. All right. Now, my question is this:
16 Ruth Doerksen taped, all right, you're certain that she
17 taped, based on practice, on Lisa Shore and that that
18 tape was done when? Sometime between -- like you, 6:30
19 and 7:00?
20 A. Between 6:00 and 7:00.
21 Q. 6:00 and 7:00, all right. And that that
22 tape recorded summary would have remained on the
23 cassette on the machine until one of the day nurses
24 taped over it, I suggest sometime between ---
25 A. Or listened to it.

1 Q. --- 6:30 and 7:00 that night?
2 A. Yes.
3 Q. Does that sound right?
4 A. Yes.
5 Q. So for 12 hours, that tape was available
6 to be set aside for the review of anybody who wanted to
7 review it?
8 A. Yes.
9 Q. And it's your understanding, I take it,
10 like mine, that that wasn't done?
11 A. I don't know that.
12 Q. Did you ever specifically talk to Ruth
13 Doerksen about whether Ruth Doerksen went into Lisa's
14 room between 6:30 and 7:00 that morning?
15 A. No.
16 Q. You didn't discuss it with her?
17 A. No.
18 Q. All right. So for all you know, she may
19 have gone in there between 6:30 and 7:00?
20 A. I can't answer that.
21 Q. You don't know one way or the other?
22 A. I don't know that.
23 Q. Lisa came in, as I understand it, to the
24 ward sometime at around 1:30, something like that; is
25 that right?

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A. Yes.

Q. Nothing turns specifically on the time, but it was something around 1:30, 1:37, something like that?

A. Yes.

Q. Well, there wouldn't have been a nursing care plan on Lisa for you or for Ruth because she wasn't on the ward the night before?

A. Yes.

Q. All right. Well, in order for a dictation to be done the following morning, wouldn't the person who is dictating have -- wouldn't it have been necessary for them to have -- to review the new nursing care plan, given the fact that there had been no earlier nursing care plan?

A. Yes.

Q. All right. And therefore you would agree with me that it would be mandatory when Ruth was dictating for her to have reviewed the 6:15 in the morning nursing care plan?

A. I'm sorry, can you just go over that?

Q. Yes. Ruth had no nursing care plan from 6:15 p.m. on October 21?

A. Yes.

Q. All right, you agree with me?

1 A. Yes.

2 Q. All right. So the only nursing care
3 plan that existed with regard to Lisa was the one that
4 came off the machine at 6:15 or 6:30?

5 A. In the morning.

6 Q. In the morning?

7 A. Yes.

8 Q. Wouldn't it have been absolutely
9 mandatory for Ruth to review that nursing care plan
10 before dictating any summary on Lisa?

11 A. I wouldn't say it's mandatory, it's a
12 nursing worksheet that summarizes the plans and the
13 care that needs to be provided to the patient. Some
14 nurses use the care plan to tape, some nurses use their
15 worksheet, some nurses use the flow sheet, it depends
16 on the nurse itself.

17 Q. All right. You see, what I'm a little
18 confused about is when you were describing what goes on
19 the nursing care plan, it seems to me that much of the
20 information that you were talking about was information
21 that would be otherwise available on the flow sheet?

22 A. The nursing care plan would either have
23 the patient's name, their date of birth, their
24 diagnosis, doctor's orders and other treatment plan of
25 care, other professional communications, lab orders,

1 any other activity orders that they would need and
2 other specific information related to family
3 participation of care and whatnot, and that's what is
4 in the care plan, it's not -- it's not a legal
5 document, it's a worksheet for us.

6 Q. All right. I may have confused you and
7 I didn't mean to do that. The tape, what goes on the
8 tape?

9 A. Oh, what goes on the tape?

10 Q. Right.

11 A. What goes on the tape ---

12 Q. Let's just talk about the tape.

13 A. Okay, what goes on the tape is, as I
14 said, the patient's name.

15 Q. Right.

16 A. Their condition, their diagnosis, some
17 vital signs.

18 Q. Well, let me stop you there. Why would
19 you put vital signs on the tape?

20 A. Okay, vital signs, what I mean is if
21 there's been any change in the vital signs, any change
22 in the condition, sometimes we go through a whole
23 system when we report, sometimes we go from vital
24 signs, we talk about the respiratory status, we talk
25 about the abdominal status, their musculo-skeletal

1 status and whatnot, their diet, diet changes, if
2 there's any, medications, if any, if there's been a
3 doctor who had come in, if any, or anything that would
4 happen at night.

5 Q. Well, how would doctors -- let me stop
6 you -- how about doctors' orders? Would they go on the
7 tape?

8 A. No, they wouldn't go on the tape.

9 Q. They wouldn't go on the tape?

10 A. No.

11 Q. Why would you put on the tape the change
12 in vital signs when if you just scan the column of the
13 flow sheet, you can see in pictorial form much more
14 clearly what the change in the vital signs has been, if
15 there is one?

16 A. Because some nurses would like to
17 verbally relay that information to other nurses,
18 specific information of the change in the vital signs,
19 and that's very important, so that they can compare
20 those vital signs in one shift from the next shift or
21 from previous shifts.

22 Q. No, but for example, if you look at the
23 flow sheet, would you put it -- let's assume that you
24 were dictating on Lisa. Would you put in the dictation
25 to go to the new nurse the pulse went from 72 to 126

1 between 1:45 a.m. and 6:00 in the morning?

2 A. Yes, you would do that.

3 Q. All right, you would do that? So you
4 would do that, even though you could see that by
5 looking at the pulse column on the flow sheet?

6 A. You could do that, or another way of you
7 could do it is you can say her heart was in this range
8 at this time of the night or you can say that she was
9 tachycardic at night, which means high, elevated heart
10 rate.

11 Q. All right. Well, how about, let's say,
12 would you put something on the tape about respirations?

13 A. Yes, you would.

14 Q. All right. Well, would you put
15 something on the tape about blood pressures?

16 A. Yes, you would, if there has been a
17 change in the blood pressure.

18 Q. Well, except that how could you put
19 something on this tape about a change in blood pressure
20 when the only blood pressure that was taken was taken
21 at 1:45?

22 A. Then you can't say it in the tape.

23 Q. All right. And I guess in hindsight it
24 would have been useful to have the tape, because then
25 we would know what was on it?

1 A. Yes.

2 Q. In terms of the tape, do they talk about
3 medications on the tape?

4 A. Sometimes they say what kind of
5 medications there are and if there has been a schedule
6 change of the medications, the time it was given, if
7 there's a two-hour time that the medication was not
8 given or whatnot, but it doesn't specifically say the
9 dose or whatnot, it just says the name of the
10 medications. It depends on the nurse using report.

11 Q. You'd agree with me that you could only
12 put something on the tape about medications if you knew
13 what the medications ordered by the doctor were?

14 A. Yes.

15 Q. And if you hadn't activated the Kidcom,
16 then you wouldn't know what those medications ordered
17 were?

18 A. Yes.

19 Q. So there couldn't have been anything on
20 Lisa Shore's tape with regard to medication?

21 A. I don't know that. I didn't tape on
22 Lisa.

23 Q. Those are my questions, thank you.

24 THE CORONER: Mr. Krkachovski?

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

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RE-EXAMINATION BY MR. KRKACHOVSKI:

Q. Were you in the room at any time while Ruth was making her tape report?

A. Which room are you talking about?

Q. The conference room where the taping takes place.

A. No.

Q. Did you hear the report at all?

A. No.

Q. Either that day or subsequently?

A. No.

Q. Did you discuss with Ruth at all as to what was on the tape report?

A. No.

Q. Do you have any information as to what was on the tape report?

A. No.

Q. Thank you.

THE CORONER: Ms. Posno?

MS. POSNO: No questions.

THE CORONER: Mr. Hawkins?

MR. HAWKINS: I have nothing, thank you.

THE CORONER: The jury?

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RE-EXAMINATION BY THE JURY:

BY JUROR #2:

Q. A taped recording on Lisa would have been heard over the next 12 hours by one of the attending nurses, would it not?

A. Yes.

Q. It would have?

A. Yes.

THE CORONER: Any more questions? Thank you, Nurse, you may step down. I would indicate to the jury I think your question is a good one. I have asked that as far as we can, we find out who the nurses were on the day shift and they will be subpoenaed to come and give us what they do or do not remember about that tape.

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

1 Barbara A. Pollard
2 Certified Court Reporter