

INQUEST INTO THE DEATH OF

L I S A S H O R E

THE TESTIMONY OF CAROL WARREN

TAKEN JANUARY 19, 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.

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1 CAROL WARREN, SWORN

2 EXAMINATION IN-CHIEF BY MS. BROWNE:

3 Q. Ms. Warren, good afternoon, welcome to
4 the inquest. Do you have a copy of your CV with you?
5 We all have been provided with copies and I'd like a
6 loose one -- maybe Mr. Hawkins can find one, and it can
7 be marked as an exhibit? It runs to three pages, and
8 just look at it and indicate, is that your curriculum
9 vitae?

10 A. Yes.

11 Q. Can be marked as an exhibit, Dr. Cairns?

12 CONSTABLE CULLETON: Exhibit 24.

13

14 EXHIBIT NO. 24: Curriculum vitae of Carol Warren

15

16 BY MS. BROWNE:

17 Q. Essentially, how did you come to be
18 interested in this kind of work, Ms. Warren?

19 A. In 1992, I joined Information Services
20 in the field of nursing informatics, it's a relatively
21 new field in nursing and it deals with the impact of
22 technology in health care.

23 Q. And when did you join Sick Children's
24 Hospital and put this into ---

1 A. I joined originally Sick Kids in 1984 as
2 a staff nurse in the Neonatal Intensive Care Unit and I
3 worked there for two years and then I went to a
4 peripheral hospital where I worked in a level 2 care
5 nursery for a year, and then I re-joined Sick Kids in
6 1987 in the Neonatal Intensive Care Unit again, and
7 held various roles, such as a Staff Nurse, Team Leader,
8 Preceptor, Transport Team and Assistant and Acting
9 Database Manager, and then I moved to Information
10 Services in 1992, where I held the position as an
11 author/trainer, where I was responsible for the design
12 and development of computerized and paper-based
13 curriculum, and also teaching.

14 Q. So, essentially, your first interest was
15 nursing?

16 A. Mm-hmm.

17 Q. You got your diploma in nursing in 1983?

18 A. Mm-hmm.

19 Q. And in Intensive Coronary Care you also
20 specialized in that?

21 A. Mm-hmm.

22 Q. From there your computer interest came
23 along and merged into your nursing interest, and as I
24 understand it now you're a trainer at Sick Children's,

1 is that correct?

2 A. That's right, I'm a Clinical Systems
3 Trainer and ---

4 Q. Clinical Systems Trainer?

5 A. That's right. I started out with the
6 Kidcom project specifically, but we have several other
7 clinical systems that we use at the hospital as well so
8 I provide education not only for Kidcom, but for the
9 other clinical systems.

10 Q. What are the other -- an example of the
11 other systems?

12 A. There is a system called PACS, which is
13 a radiology system which shows the physician the images
14 as well as the reports, electronic child health
15 network. The Intensive Care Unit has a system called
16 CIMS and also electronic signature.

17 Q. Do you work on a regular basis every day
18 from 9:00 to 5:00, or 8:00 to 4:00 or whatever?

19 A. That's correct.

20 Q. What are your hours? Eight till ---

21 A. They, typically, are 8:00 to 4:00 but we
22 flex depending on when we need to provide education for
23 the staff. Sometimes we start at 7:00 in the morning,
24 sometimes we finish much later.

1 Q. And how much of your daily work is taken
2 up with training physicians, nurses and other personnel
3 in the hospital using the Kidcom system?

4 A. For myself, personally, it can be
5 usually 30 to 50 percent of my time in the day.

6 Q. And you have others doing this also?

7 A. There is one other trainer, as well.

8 Q. Now, the "Kidcom" is short for Sick
9 Children's Hospital Computer System, I take it?

10 A. Yes, it's the name given to the system.

11 Q. And when was it started, Ms. Warren?

12 A. It was implemented in 1993.

13 Q. And can you just explain the scope of it
14 and the purpose of the computer system as it started
15 and developed at Sick Children's?

16 A. It is used to enter and access a
17 patient's personal and clinical information, and it --
18 in the out-patient visits, it is used for registration.
19 For in-patients, it is used for admissions, transfers,
20 discharges, order entry, clinical charting and both in
21 the in-patient and out-patient setting, it is used for
22 recording of some results, for example, lab results.

23 Q. Is every department of the hospital
24 familiar with this system and entered into the system?

1 A. Every -- yes. We have over 3,000
2 trained and registered hospital staff from various
3 departments in the hospital, every in-patient nursing
4 unit, professional services, so that would be
5 dietitians, respiratory therapists, occupational
6 therapists, chaplains, administrative staff, whatever
7 capacity that somebody might need access to clinical
8 information or personal information, then they're
9 trained on the computer system.

10 MR. HAWKINS: Ms. Browne, I don't know if it
11 would assist this witness and the jury in
12 perhaps understanding a bit about the system
13 if we gave the description package.

14
15 BY MS. BROWNE:

16 Q. I was just about to get up and do that,
17 Mr. Hawkins. I was going to say that Mr. Hawkins, your
18 Counsel, provided us with an information package which
19 is three pages. It's the Hospital for Sick Children
20 Information Services and it's labelled "Kidcom," and
21 Mr. Hawkins is giving some to the jury. Would you just
22 look at that and tell me, does that explain the extent
23 of the Kidcom operation and the purposes?

24 A. Yes.

1 Q. May that be marked as Exhibit 25, I
2 believe.

3 CONSTABLE CULLETON: 25.

4 THE CORONER: Thank you.

5

6 EXHIBIT NO. 25: HSC Kidcom information
7 package, 3 pages

8

9 MR. HAWKINS: And if I can assist so that
10 the jury and Counsel understand where this
11 comes from, the first page is a brief
12 description of the program, which Ms. Warren
13 put together at my request so that people
14 could the understand the system.

15 The second page is a copy of the process
16 respecting the Emergency Department which is
17 already separately an exhibit, and the third
18 page is a flow chart, again, which Ms. Warren
19 put together to assist in explaining the
20 system to the jury in terms of admissions
21 from Kidcom and that deals with the process
22 then and now, because as Ms. Warren indicates
23 and maybe one of the other witnesses, there
24 has been a change to that system made, and

1 she also has a blow-up of the flow chart.

2 MS. BROWNE: Yes, I noticed that, too.

3 Perhaps we could have that marked as, I
4 guess, 25(B), maybe. It's right beside Ms.
5 Warren, or 26, whatever you think.

6 THE CORONER: Yes, that's fine.

7 CONSTABLE CULLETON: 25(B).

8

9 EXHIBIT NO. 25(B): Enlargement of Kidcom Flow
10 Chart

11

12 MS. BROWNE: Could you just put that up, if
13 you don't mind, Constable Culleton?

14

15 BY MS. BROWNE:

16 Q. Maybe the jury can see that as well as
17 what they have in their hand, and you can explain how
18 this works. Now, you have the flow chart, if you just
19 look at that and tell us, when a patient presents in
20 emergency, what steps are gone through before the
21 patient is admitted once the decision is made that the
22 patient should be admitted?

23 A. Okay. As you mentioned, this exact is a
24 replica in your hand-out, and this goes through the

1 process admissions from emergency. Basically a family
2 would arrive in the Emergency Department and the
3 emergency registration staff would register the patient
4 on the Kidcom computer system. The emergency staff
5 sees the patient in the department, the physician will
6 assess, and their notes, orders, assessment, et cetera,
7 are on paper, so everything to do with the Emergency
8 Department is on paper.

9 If a decision is made to admit a
10 patient, then the in-patient physician can come down to
11 the Emergency Department and access the Kidcom computer
12 to write orders for when the patient becomes an in-
13 patient. The Kidcom order entry is only on the in-
14 patient side.

15 When the orders go into the system, they
16 go in suspended mode. What that means is the patient
17 is still currently in the Emergency Department, these
18 are for when the patient is an in-patient and therefore
19 they are not to be used, they're to be used upon
20 arrival to the unit. If the orders are entered in the
21 emergency, then the physician will phone up to the
22 nursing unit to indicate the existence of suspended
23 orders.

24 Then the emergency registration staff

1 will admit the patient onto Kidcom and then the patient
2 is physically transferred from emergency up to the in-
3 patient unit and when the patient arrives in the in-
4 patient unit, then the nurse reviews the electronic
5 part on Kidcom for the existence of orders. If there
6 are orders, then they're activated at this time.

7 Q. Okay.

8 A. There is an extra step in the process
9 here. We looked at this process and made a
10 recommendation that after the patient has been
11 admitted, then suspended orders could print on the
12 nursing unit when the patient is admitted so that when
13 the patient arrives, then this will be another check
14 point for the nurse to know that there are suspended
15 orders. This was reviewed by the Medical Advisory
16 Committee and the Nursing Practice Committee, and was
17 approved by the Nursing Practice Committee and was
18 implemented into the process as another check point.

19 Q. Thank you. Have you had a chance to
20 look at the orders entered with regard to Lisa Shore on
21 the admission date in October of 1998?

22 A. The electronic computer orders?

23 Q. Yes, the Kidcom orders. I'm just
24 looking for the number, I think it's included in

1 Exhibit 3, the original file, and there's an
2 enlargement also, perhaps we could do that, that's page
3 -- that's Exhibit 6, Constable Culleton, the big one.

4 MR. HAWKINS: Sorry, we're on page 38 of the
5 original chart, page 14 of the brief.

6 MS. BROWNE: I do believe we'll also need --
7 Constable Culleton, we'll need the
8 continuation of Exhibit 6, which will be
9 Exhibit 7.

10
11 BY MS. BROWNE:

12 Q. Have you had a chance to look over the
13 charts for Ms. Shore, Lisa?

14 A. Only the electronic sheets.

15 Q. Only the electronic ones, all right. If
16 you look at the first electronic one, which we have
17 marked, can you just indicate to us what orders were
18 entered at what time and what they ask for?

19 A. October 21st, 1998 at 23:14 orders were
20 entered.

21 Q. Do we have a pointer? Perhaps you can
22 just point for the jury and Counsel can follow along
23 where you're reading.

24 A. Okay. So October 21st, 1998 at

1 23:14 ---

2 Q. Right.

3 A. --- orders were entered into the
4 computer, and you can see what they're listed here, in
5 suspended. Again, orders were entered at 23:47. And
6 then flipping to the next page ---

7 Q. Could you just double -- if you put that
8 one back up again, please, we're not finished with
9 that. The suspended orders that were entered, that's
10 11:14, that's in the Emergency Department, correct?

11 A. That's correct.

12 Q. And can you tell who enters it from
13 this?

14 A. There are two ways to tell who has
15 entered them. At the end of each order are the
16 initials of the person who did the entry and as well it
17 states at the bottom "entered by," in this instance
18 "Joel Lobo, M.D." and that is his electronic or his
19 computer signature.

20 Q. And who -- Dr. Lobo is -- do you know
21 who he is in the hospital?

22 A. He's in orthopedics.

23 Q. And that would be done while Dr. Lobo
24 was attending a patient in the Emergency Department,

1 he'd obviously been called to see Lisa, and then he
2 would write in what he thought had to be done, correct?

3 And that's as early as 11:14 p.m. on the 21st, is that
4 right?

5 A. That is correct.

6 Q. He indicated that -- if I can just
7 summarize, pain control to be:

8 "... Managed entirely by the
9 Anaesthesia Pain Service, call
10 Anaesthesia Pain Service for any issues,
11 not orthopedics ..."

12 And it says:

13 "... Pain medications will be entered
14 and managed by anaesthesia as per
15 agreement between Dr. Wright and
16 anaesthesia staff ..."

17 Is that right?

18 A. Yes.

19 Q. And then it moves on to another person,
20 Dr. Schily, from whom we've heard. Can you just tell
21 us when his order is entered and what he says?

22 A. The orders were entered October the 21st
23 at 23:47 and he has written orders for PCA morphine and
24 down here it is signed by Dr. Schily, and again that is

1 his computer signature.

2 Q. Can you indicate what the "suspended"
3 means? We've heard something about it, and let's
4 clarify this. "Suspended"?

5 A. That is correct. In the process
6 outlined a few minutes ago, what it means is these
7 orders are for when the patient becomes an in-patient
8 and because the patient is currently registered in
9 emergency, then these are held in the system for when
10 the patient arrives to the nursing unit.

11 Q. And when does the "suspended" get
12 removed from the record?

13 A. The process that removes it is the nurse
14 signs into the system and does an activation of the
15 orders.

16 Q. And is that then permanently deleted
17 from the system, the word "suspended"?

18 A. What happens is there is a history of
19 the orders, but the orders are then written in the
20 system with the word "activated" in front.

21 Q. And if you could just now -- you see
22 what Dr. Schily indicated in his -- 11.47 p.m. on the
23 21st was essentially the instructions for the PCA pump
24 for the morphine, is that correct?

1 A. That is what is stated there.

2 Q. "... Patient is on PCA device. No
3 central nervous system depressants or
4 narcotics to be given unless approved by
5 the Anaesthesia Pain Service ..."

6 And then he has some acetaminophen
7 entered and suspended. Now, if you could turn to the
8 next page, thank you, we're now at 23:48 on the 21st.
9 Can you tell us what order 238 is meant to indicate,
10 please?

11 A. Order number 238 states:

12 "... Self-inflating bag, mask, oxygen
13 and suction at bedside, no naloxone
14 available ..."

15 Q. And the letters after that?

16 A. "MMSH" would be Marcus Schily's
17 initials. The one "M" would be for his first name, the
18 "S" would be for his surname, and to identify him
19 uniquely in the system, the computer then adds extra
20 characters to make that is his unique initial.

21 Q. So knowing the effects of the PCA
22 morphine, he had asked to provide these safeguards at
23 the bedside?

24 A. This, I believe, is part of the pain

1 management protocol.

2 Q. And I believe that the bag, the mask,
3 the oxygen and the suction are to be right there near
4 the child, whereas the naloxone, which is the antidote
5 narcotic, can be readily available at the desk?

6 A. That is what the order states.

7 Q. Then you have also mentioned it's:
8 "... Sedation scale, pain scale, HR, BP,
9 RR Q1H X 4 hours on admission ..."

10 Can you just read that to us in English?

11 A. What it means?

12 Q. Yes.

13 A. Just the -- it's sedation scale, pain
14 scale, heart rate, blood pressure, respiratory rate
15 every hour times four hours on admission.

16 Q. So that, as I read that, that would mean
17 that these vital signs or these signs have to be taken
18 every hour once she's admitted into the hospital?

19 A. I can't interpret that.

20 Q. And this also is suspended, to be
21 activated later?

22 A. That is correct.

23 Q. The next one, 2:40, indicates -- what's
24 the difference between this and 2:39, what's the

1 change?

2 A. I guess they have added further
3 instructions to this one compared to that one.

4 Q. Sorry, say that again?

5 A. I guess they've added further
6 instructions.

7 Q. And those are? The further ones that
8 are added?

9 A. Well, I'll just read the order out. It
10 just says:

11 "... Sedation scale, pain scale, heart
12 rate, blood pressure, respiratory rate,
13 Q1H X 4 hours. If dose or infusion rate
14 increase, then sedation scale and
15 respiratory rate Q1, and pain scale,
16 heart rate, blood pressure Q4 ..."

17 Q. All right. And what does that mean, the
18 "Q1H" and the "Q4H" there?

19 A. That's every hour and every four hours.

20 Q. All right. And then again, another one:

21 "... 2:41 Anaesthesia Pain Service
22 if sedation score is 3 ..."

23 That would mean to notify the Pain
24 Service if the sedation score went to 3? Is that your

1 understanding?

2 A. I guess the best people for the
3 interpretation of the orders, of course, is the nursing
4 staff on the Nursing Unit.

5 Q. But that's the way it seems to read on
6 an order, does it not?

7 A. Yes.

8 THE CORONER: I'm wondering, Ms. Browne, is
9 Nurse Warren really that familiar with the
10 actual orders themselves as opposed to the
11 computer, so ...

12 THE DEPONENT: No.

13 THE CORONER: I think we've heard evidence
14 from ---

15 MS. BROWNE: I think I understand.

16 THE CORONER: --- other people. Would you
17 feel -- do you feel more comfortable talking
18 about how -- you're not saying that you're an
19 expert or very knowledgeable on the Pain
20 Service itself, are you?

21 THE DEPONENT: That's correct.

22 THE CORONER: Probably you ---

23 MS. BROWNE: Thank you, Dr. Cairns, I
24 will ---

1 MR. HAWKINS: Yes, I think you'll note from
2 her CV she left nursing at or about the time
3 the patient controlled analgesic came in,
4 so ...

5 MS. BROWNE: All right.

6

7 BY MS. BROWNE:

8 Q. Thank you. You can sit down, Ms.
9 Warren, if you want. Now, according to the information
10 services that we just had entered, the -- one of the
11 purposes of this system is to make it -- make paper
12 orders unnecessary, is that right?

13 A. The eventuality, the plan for the
14 hospital is to eventually create an electronic
15 permanent patient record.

16 Q. And that is -- one reason would be to
17 avoid any errors in handwriting and so on, in
18 transcriptions, written transcriptions?

19 A. Yes.

20 Q. I note that it says that:

21 "... In a paper system, nurses must
22 rewrite medication orders on several
23 different work sheets and send them all
24 over, instead of that we can now do it

1 through a computer and it works
2 instantaneously"

3 A. Yes. If I describe the process on paper
4 versus in the computer to you, that will help to
5 clarify the benefit. In the paper system on the in-
6 patient side, if we look at a physician writing a
7 medication order on paper, then they handwrite the
8 order in the paper chart and they pull the flag to let
9 the nurse know that there's an order.

10 The nurse then would come and transcribe
11 that order onto a work sheet, onto the medication
12 record, and so in that transcription process there's a
13 chance for a transcription error, a chance for
14 omission, there potentially could be delay because of
15 having to interpret handwritten orders and the nurse
16 also must initiate the requisition going down to the
17 Pharmacy Department so they can prepare the medication
18 to come back up to the unit.

19 In a computerized environment what
20 happens is the physician will write the order in the
21 computer system, a paper copy of the order still prints
22 out, which the unit clerk puts in the paper chart and
23 pulls the notification flag so the nurse does know that
24 there is an order to look at. The order then

1 automatically is transcribed onto the work sheet for
2 the nurse and onto the medication record, so there is
3 no chance for a transcription error or omission and the
4 orders are immediately readable because they're typed.

5 The system will also send a requisition
6 down to, in this case, Pharmacy, so it's processed much
7 faster and the medication is received back up to the
8 Nursing Unit much faster to administer to the patient.

9 Just to summarize, there is -- it eliminates the
10 chance of a transcription error, omission error,
11 they're readable, the communication of information is
12 much faster. The other thing is, is that the
13 electronic chart is available at over 600 work stations
14 in the hospital to a trained and registered user who
15 has authorized access to view that information.

16 Q. All right. So that when these orders
17 are entered, they're entered in the Emergency
18 Department designed to be accessed wherever the patient
19 ends up on admission?

20 A. Mm-hmm.

21 Q. Now, what triggers the nurses on the
22 ward where the patient is admitted to look to see these
23 orders? What do they have to do in order to know there
24 are Kidcom orders and we should look them up?

1 A. The policy or the procedure is that when
2 a patient is received from emergency, that you look
3 into the computer system to see if there are orders for
4 the patient, and if there are, then the orders are
5 activated.

6 Q. And how is that done, the activation?

7 A. It's by clicking on the screen to
8 indicate that those are the orders to be activated and
9 then entered.

10 Q. This is policy and it's standard?

11 A. That's the policy that I outlined to you
12 on that flow chart.

13 Q. Do you know anything specifically about
14 what happened this night? And, also, as I understand
15 it, the -- besides the policy to automatically go to
16 the computer and open it, there are other triggers.
17 According to your chart, there should be a phone call
18 from the resident in the Emergency Department?

19 A. From the physician who enters the
20 orders, they should telephone up to the nursing unit to
21 let the nurse know that the orders have been entered,
22 and the second check point is that the nurse looks for
23 orders in the computer, and as I mentioned when I
24 described the process, there's now a third step that

1 once the patient is admitted, a paper copy of those
2 suspended orders will print, as well, except ---

3 THE CORONER: Yes.

4 MS. BROWNE: Did you not hear? Sorry, maybe
5 you could ---

6 MR. GOMBERG: It's kind of important, too.

7 JUROR #2: Is that a copy be printed -- I'm
8 sorry, did you say a copy be printed when the
9 patient comes up?

10 THE DEPONENT: In the check point that has
11 been added in the process, if you look at
12 your diagram on ---

13 MS. BROWNE: If you want to put the ---
14 Constable Culleton, would you put the big
15 chart up again with the admissions? This is
16 a back-up to yours.

17 MR. GOMBERG: Is it number 10?

18

19 BY MS. BROWNE:

20 Q. In addition to -- before this was fully
21 implemented, before you had this computer system,
22 normally if a patient had been admitted to the
23 emergency -- come in through the emergency, be
24 admitted, there would be writing on -- on a chart which

1 followed the patient, is that correct, a physical
2 chart?

3 A. Yes. What happens is in the paper
4 process the orders get entered onto the paper chart for
5 emerg and if the patient was to be admitted, those
6 orders would -- another set of orders for the
7 in-patient side would also be put on the chart, as
8 well, and so that same process is mirrored or reflected
9 in the computer system in that for the emerg side, the
10 orders are on paper and then the side for the
11 in-patient side is in the computer, and so the only
12 difference is rather than looking at a sheet of paper
13 you're looking at a computer screen.

14 Q. Does anything further have to be done
15 when the ward receives the orders on the computer?
16 Does anything have to be checked out before they can be
17 activated? Does anybody have to double check, phone
18 anybody, do anything or you just activate it?

19 A. The nurse -- it's up to the discretion
20 and judgement of the nurse to review the orders.

21 Q. And I'm assuming if there was any
22 question, the nurse would contact the physician and
23 they would see what the problem was? Right?

24 A. (non-verbal response)

1 Q. Okay, thank you very much. I'm sure
2 everybody else will have a lot to ask.

3 THE CORONER: Mr. Krkachovski?

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

5

6 CROSS-EXAMINATION BY MR. KRKACHOVSKI:

7 Q. When a patient is received from
8 emergency to a ward such as 5A, must the staff check
9 the Kidcom for orders?

10 A. The process is as it states in step 12,
11 the nurse reviews the Kidcom system to see if there are
12 orders, and if there are, to activate.

13 Q. Must she do that?

14 A. The process states that that's the
15 procedure that is followed.

16 Q. I gather without exception?

17 A. That should be the process.

18 Q. I'm sorry, I didn't hear?

19 THE CORONER: "That should be the process."

20 THE DEPONENT: That should be the process.

21 MR. KRKACHOVSKI: That should be the
22 process.

23

24

1 BY MR. KRKACHOVSKI:

2 Q. Surely, you don't know of an exception
3 where a nurse should not access the Kidcom?

4 A. I don't know that I could really answer
5 that. There could be other circumstances.

6 Q. Do you know of any exceptions?

7 A. I can't think of any right now.

8 Q. Okay. I'm looking at the first page of
9 the document that was put before you and specifically
10 the second paragraph from the top, the third line from
11 the bottom reads:

12 "... All orders still require
13 discretion" ---

14 Do you see where I am?

15 A. Mm-hmm.

16 Q. "... All orders still require discretion
17 in judgement on the part of the health
18 care professional ..."

19 What does that mean?

20 A. It means when you look at the orders,
21 you review the orders and if there is anything that
22 needs clarification, then you can use your discretion
23 and judgement regarding that, so if you don't
24 understand something, you can use clarification.

1 Q. And the orders that Dr. Schily entered
2 into the computer for Lisa as they appear on the
3 exhibit, would he have written out those orders, or,
4 better put, typed out those orders himself?

5 A. The physician would have gone into the
6 system with their own access code and gone through the
7 protocol and selected the orders.

8 Q. All right. What I'm asking, I wasn't
9 clear from Ms. Stinson's evidence yesterday, for
10 example when -- if we look at item 239, sedation scale,
11 pain scale, et cetera, every hour for the first four
12 hours on admission, is that something that Dr. Schily
13 would actually have typed into the system or is that
14 already in the system and he just presses a button to
15 say I want that to happen?

16 A. I would have to look at the computer
17 screen, because in the system there is a combination of
18 areas where you select from the screen or you can type
19 in information.

20 Q. So it's open to the doctor if he or she
21 chooses to tailor-make the orders for the patient?

22 A. That's right.

23 Q. I'm not sure if this has been asked
24 before, but the numbers on the left-hand column, 238,

1 239, 240, et cetera, what do they mean?

2 A. Every order that is entered on a
3 patient's record is chronologically numbered, so that's
4 just order number 238 for the patient.

5 Q. For Lisa Shore?

6 A. Yes.

7 Q. Since her very first admission to Sick
8 Kids?

9 A. That's right.

10 Q. I see. Thank you.

11 THE CORONER: Ms. Posno?

12

13 CROSS-EXAMINATION BY MS. POSNO:

14 Q. Ms. Warren, just on that last
15 questioning, I recall seeing a standard printout form
16 for PCA pump orders. Just to maybe resolve some
17 confusion with the jury that now may have arisen, I'm
18 just going to look for it and see if you can recognize
19 it as maybe being the standard type of order that
20 exists on the Kidcom system that Dr. Schily would have
21 been using. Maybe the nurses -- Mr. Hawkins, maybe you
22 can help me, it's in the nurses manual, the PCA pump.
23 I believe it is.

24 MR. HAWKINS: I'm not sure where you're

1 referring to, but I thought Ms. Stinson was
2 fairly clear in terms of that stream, what
3 was standard and what was type-in, and I can
4 certainly summarize that if that's of
5 assistance, but ...

6 MS. POSNO: The reason I raised that, Mr.
7 Coroner, is I don't -- I don't want the last
8 line of questioning just to raise any new
9 confusion for the jury before we get into the
10 Kidcom issues, that I know are potentially
11 controversial. Yes, page 28 of Exhibit 16 is
12 what I would ...

13 MR. HAWKINS: If I can assist, Dr. Cairns,
14 there seems to be a bit of confusion. Ms.
15 Stinson is in the audience and I've just
16 confirmed what I thought was her evidence
17 yesterday, and might be simpler to point that
18 out to clear up any confusion.

19 MR. CORONER: Yes, please do.

20 MR. HAWKINS: On the Kidcom, which we were
21 talking about, which was the second page,
22 which is Exhibit 7, the only things once he's
23 in the PCA orders that Dr. Schily has to
24 enter is the respiratory rate, the number.

1 He enters his name, or under Dr. Schily. The
2 pager number is standard for the Pain Service
3 so that's already there, then he enters staff
4 and whoever that is, and in this case he's
5 written "Dr. O.R., Desk," but then he also
6 has to tick off whether he wants oximetry --
7 sorry, whether he wants apnea or oximetry,
8 and those are boxes or things that he points
9 to. So typing is "respiratory rate," his
10 name, staff doctor's name.

11 MR. KRKACHOVSKI: I'm not sure who to ask
12 the question of now. The number 239, how
13 does that get in there?

14 MR. HAWKINS: By choosing the PCA orders,
15 it's there.

16 MR. KRKACHOVSKI: There's a menu, in
17 essence?

18 THE DEPONENT: The screen, yeah. If it's --
19 yes.

20 THE CORONER: It's my understanding that if
21 you're on a PCA pump, there are standard
22 orders that will automatically come up and
23 you only have to fill in a few blanks and add
24 anything additional, otherwise these have

1 been pre-agreed upon, standard things that
2 happen.

3 MR. HAWKINS: Right, and we've just gone
4 over the blanks that he fills in, which
5 unfortunately Ms. Warren doesn't know the
6 specifics of that particular set of standard
7 orders.

8 MR. KRKACHOVSKI: Could I just ask a couple
9 of questions, Mr. Coroner, because I'm not
10 sure if an answer I got a short while ago
11 still applies. I asked Ms. Warren whether
12 the doctor can tailor-make orders for a
13 patient, and she said that he could. Is that
14 still the case?

15 THE WITNESS: That is the case. There are
16 two ways to enter orders into the computer
17 system; one is by using standard order sets
18 and the order sets are created by each
19 service. The second way that orders can go
20 into the computer is they can completely
21 customize or construct an order themselves,
22 and even with the orders that are standard in
23 the order set, they can still select "type"
24 and add additional information to it.

1 MR. KRKACHOVSKI: That was my next question.

2 So if he wants to select from the standard
3 set what appears at 239, he can revise it any
4 which way he wants to?

5 THE WITNESS: The part that is standard on
6 the screen cannot be revised when you click
7 on it, but additional -- you can do "type"
8 and you can add additional information. If
9 the order in the order set is not such that
10 the physician likes how it is worded, then
11 they can go into part of the computer system
12 and construct the order to their liking.

13 MS. POSNO: Mr. Coroner, I apologize, I just
14 thought maybe we should clarify that point if
15 it raises a question for the jury.

16 THE CORONER: That's fine.

17

18 BY MS. POSNO:

19 Q. Ms. Warren, if the Kidcom orders have
20 the suspended word, as the ones before you did, as I
21 understand that means they're not activated?

22 A. They -- that's correct, they're not
23 activated.

24 Q. And that means they haven't been looked

1 at, then?

2 A. I cannot say whether or not they've been
3 looked at. What it means is they have not been
4 activated.

5 Q. Can you look at an order on the system
6 and not have it activated?

7 A. Yes.

8 Q. You can do that. And so a ward nurse
9 can look at orders that come up from the Emergency
10 Department and it will not indicate that they've been
11 activated?

12 A. That's correct.

13 Q. Do you know from looking at these orders
14 or from your knowledge of the case if that happened in
15 this situation?

16 A. I can't say.

17 Q. You don't know whether these orders were
18 looked at by the ward nurses or not?

19 A. I can't say, no.

20 Q. What you do know is that they were
21 sitting in the system in suspended mode?

22 A. That is correct.

23 Q. You've indicated that -- actually, Ms.
24 Matthews indicated in her testimony, I wonder if you

1 agree with this, that there is always a Kidcom order
2 that comes up from emergency when a child is admitted
3 to the ward from emergency.

4 A. What do you mean by "a Kidcom order that
5 comes up from emergency?" You mean in the computer?

6 Q. Maybe I used imprecise language. When a
7 child is admitted ---

8 A. Yes.

9 Q. --- to the ward from emergency, the
10 doctors input their orders while in the Emergency
11 Department, or they can do that, the option is
12 available?

13 A. That's right.

14 Q. So when a child comes up to the ward
15 from emergency, the Kidcom orders are in the system for
16 that child in suspended mode?

17 A. That is correct, they are viewable from
18 any terminal in the hospital once they're put in the
19 system as long as you're, of course, a trained,
20 registered and authorized user to look at that
21 information.

22 Q. Right, and the ward nurses would be?

23 A. Mm-hmm.

24 Q. I'm sorry, yes?

1 A. Yes.

2 Q. Now, I believe Ms. Matthews said that
3 there's always a Kidcom order that arrives with a child
4 from the emergency to the ward. Are you able to
5 confirm that?

6 A. That a physician will put orders into
7 the computer system?

8 Q. When a child arrives from emergency onto
9 the ward?

10 A. So, sorry, just to clarify a little bit
11 further, what you're saying is, when a physician --
12 every time a physician goes down to the Emergency
13 Department, they will always enter orders for the
14 admission?

15 Q. Well, Ms. Matthews' statement and I'm
16 just quoting from a statement that she said, so maybe
17 I'm misinterpreting her statement, is that:

18 "... All children admitted to emergency
19 have Kidcom orders ..."

20 Those were her exact words.

21 A. I can't say for certainty that every
22 single admission through emerg will always have
23 admission orders that are written in the Emergency
24 Department. There could be some instances where a

1 patient comes through the Emergency Department, but the
2 physician will see the patient after they're admitted
3 on the unit.

4 Q. So from -- what you're clarifying, then,
5 and you don't practice in emerg?

6 A. No.

7 Q. But your understanding would be that
8 it's possible that a child can be admitted from emerg
9 to the ward without any orders?

10 A. In-patient orders. In-patient orders?

11 Q. Okay, so they'll have emergency
12 handwritten orders?

13 A. They will have emerg -- they'll have
14 their orders from emerg, because emerg is on paper.

15 Q. On the document marked, I think it's
16 Exhibit 20, but actually another copy was attached to
17 it, Exhibit 25. I don't know if it's a policy
18 statement, the admission from emerg Kidcom orders.

19 A. Mm-hmm.

20 Q. Do you know the document? It refers to
21 a Karen Caputo, August, 1994 on the bottom.

22 MR. HAWKINS: Page 2 of Exhibit 25?

23 MS. POSNO: That's right.

24

1 BY MS. POSNO:

2 Q. The note at the bottom indicates that if
3 a patient arrives from the emerg and you did not
4 receive a call from the resident, you are to check
5 under the suspended orders to see if there are orders
6 there and that statement, as you indicated, is the
7 requirement for the nurses to check the system when
8 they get a patient admitted from the Emergency
9 Department?

10 A. The process is, they should check, as it
11 says if a patient arrives to check under suspended
12 orders to see if the orders are there.

13 Q. So it's fair to say given that
14 requirement, that the nurse is not relying upon the
15 phone call from the physician to remind the nurse to
16 check the Kidcom system for orders?

17 A. The process has two check points. The
18 check point one is that the physician, as it states in
19 the policy, should phone the resident. The second
20 check point is that the nurse check for orders in the
21 system.

22 Q. And in practice, given that -- from what
23 Nurse Matthews says, Kidcom orders are always arriving
24 or input into the computer for children from emerg, the

1 nurses are going to know to check the Kidcom system?

2 A. Not -- as I mentioned earlier, not every
3 patient -- I cannot say for certainty that every single
4 patient is going to come up to the nursing unit with
5 orders.

6 Q. So you disagree with Nurse Matthews?

7 A. I disagree with that statement.

8 Q. If there are no Kidcom orders, however,
9 there's going to be the handwritten orders from the
10 Emergency Department?

11 A. As part of the chart that comes up to
12 the nursing unit, there are the emergency papers.

13 Q. Have you seen the emergency orders in
14 this case?

15 A. No, I have not.

16 Q. Can we perhaps get that page of the
17 emergency -- of the hospital record, please? The
18 doctor's orders are page 7, and page 36 of the original
19 chart. I believe there's a blow-up of that.

20 MR. GOMBERG: I think it's up there already.

21 THE CORONER: Exhibit number 5.

22

23 BY MS. POSNO:

24 Q. These are the handwritten orders that

1 would have accompanied the chart, Ms. Warren, and I
2 just wanted to have this before you when we go into
3 this next line of questioning. Can you confirm for me,
4 Ms. Warren, that a primary purpose of a hospital chart
5 is for the patient caregivers to communicate with each
6 other?

7 A. It is to record care that is given or
8 required. Communication takes many forms, it's not
9 strictly just paper, it's a verbal communication back
10 and forth, as well, which is very important.

11 Q. I'm not suggesting it's not, I'm just
12 indicating that one of the purposes of this chart is
13 for communication purposes.

14 A. To record information of what has been
15 done to the patients, or to be done to the patients.

16 Q. And, presumably, you're recording that
17 information for everybody who is reading the chart to
18 know the condition of the child and what has been done
19 in terms of medical treatment for the child?

20 A. These orders that are on paper are for
21 the emergency staff to follow.

22 Q. I'm talking about medical charts in
23 general, including nurses' progress notes, including
24 everything. The primary purpose of a hospital chart is

1 for communication purposes?

2 A. It is to record the information of what
3 has been done to the patient so that if somebody wanted
4 to look at it, yes, it would be there.

5 Q. So that when someone reads it, they
6 understand the condition of the child and what's been
7 done for this child? Without having to see ---

8 A. It will record that.

9 Q. --- the specific caregiver, they can
10 read the chart and understand the condition of the
11 child and what's been done for this child?

12 A. They can -- they could read what the
13 care was, but you cannot solely understand a condition
14 of a patient by just reading.

15 Q. Fair enough. Maybe a better word would
16 be to "facilitate" communication, is that easier?

17 A. Okay.

18 Q. Now there's many different caregivers
19 who are involved in providing medical treatment to a
20 patient, involving a number of different nurses and a
21 number of different physicians.

22 A. Okay.

23 Q. You're looking at me as though that's a
24 confusing statement. Is that not the case? Is it not

1 normal for a patient to have many different caregivers
2 involved in their treatment?

3 A. They could.

4 Q. Okay. And does it not facilitate the
5 ease of communication amongst these caregivers to write
6 things out within the hospital chart?

7 A. It records exactly what has been done on
8 the patient.

9 Q. So other caregivers can see that?

10 A. They could review that as one method.

11 Q. And it also provides -- it provides a
12 historical picture of the medical treatment for the
13 patient?

14 A. It could, yes.

15 Q. And nurses communicate with other nurses
16 this way, I take it? I'm not suggesting that it's the
17 only way; they speak to each other, I recognize that,
18 but they do communicate with each other through the
19 chart?

20 A. They record the care that they've given
21 to the patient through the chart.

22 Q. Well, why do they do that?

23 A. So ---

24 MR. HAWKINS: With all due respect, I'm not

1 sure where this line of questioning goes for
2 Ms. Warren, who is here to talk about the
3 computer system. I recognize that she was --
4 she practised as a nurse, but that's now
5 eight years ago. I'm not sure that that's
6 appropriate questioning for her.

7 MS. POSNO: Mr. Coroner, if I can be granted
8 a bit of indulgence, I'm going to get to the
9 handwritten order very shortly, and in fact,
10 if that may be of some mode of communication,
11 given that it's written within the chart.

12 I'm having difficulty getting any
13 acknowledgement that the chart is a
14 communicator, but that's where I'm going.

15 THE CORONER: I'll allow you to continue
16 with your line of questioning.

17 MS. POSNO: Thank you.

18
19 BY MS. POSNO:

20 Q. My point with this, Ms. Warren, is that
21 nurses communicate to each other through the chart?

22 A. That can be one mode of communication,
23 not the only mode of communication.

24 Q. Fair enough. And nurses will

1 communicate with doctors through the chart? Again, not
2 the only mode, but one mode of communication?

3 A. They will record what they've done
4 through the chart.

5 Q. Will you agree that doctors communicate
6 with other doctors through the chart?

7 A. Again, they will record what they've
8 done in the chart, yes.

9 Q. But what is the purpose of this
10 recording? Is it not for someone else to read and
11 understand what has happened?

12 A. It can be to read, but also to keep
13 track of what has been done to the patient.

14 Q. Right, so that somebody else will know
15 what's been done for this patient?

16 A. Mm-hmm.

17 Q. That is a method of communication, I'm
18 suggesting.

19 A. Yes.

20 Q. And I take it if a doctor writes an
21 order in a chart, and again this may be out of your
22 field and forgive me if it is, but if a doctor writes
23 an order in a chart, I take it the doctor is entitled
24 to assume that that order will be carried out unless

1 otherwise advised?

2 A. Are you talking about a paper-written
3 order or are you talking about a computer-written
4 order? If it's a paper-written order that is written
5 for the Emergency Department, then it will be carried
6 out by that staff because that is for emerg. If it's a
7 computer-written order, then it's carried out on the
8 in-patient side.

9 Q. Okay. Either way, if it's for the
10 Emergency Department, then it will be carried out by
11 the Emergency Department unless the doctors advise
12 otherwise, and if it's an input order for the patient
13 once the patient is admitted, it will be carried out by
14 the caregivers on the ward unless the physician is
15 advised otherwise?

16 A. Could you clarify, what do you mean by
17 "input order"?

18 Q. If it's an order input into the computer
19 system, the doctor can assume, or is entitled to
20 assume, that the order will be carried out unless that
21 physician is advised otherwise.

22 A. The order on -- I'm sorry, you just need
23 to clarify a little bit further. Are you talking about
24 the orders that are for the in-patient side?

1 Q. Well, I wouldn't think it would matter,
2 quite frankly. I would assume that if there's an order
3 written either in the old system, where it's in the
4 chart in handwriting, in the new system, relatively
5 new, in the Kidcom order system, or in the Emergency
6 Department, whomever the order is directed at, I would
7 expect the physician could assume it being carried out
8 unless that physician is advised otherwise?

9 A. The orders that are written on -- if
10 we're talking specifically about the orders that are
11 written in emerg for this case, the orders for emerg
12 are for the emerg nurses and so the orders for the in-
13 patient side, when he writes those in suspended mode,
14 is initiated or assisted through a phone call to the
15 nursing unit.

16 Q. You're jumping the gun. I'm not trying
17 to distinguish between emergency orders ---

18 A. Okay.

19 Q. --- or orders -- I'm not even talking
20 about this case.

21 A. Okay.

22 Q. I'm talking in general, whether an order
23 is handwritten in the chart in the old-fashioned way,
24 input through the Kidcom system, or handwritten while a

1 physician is in Emergency Department, for whomever
2 those orders are directed, a physician, surely, is
3 entitled to assume that that order will be carried out
4 unless advised otherwise?

5 A. If the -- yes, the person that they're
6 directed to, those orders would be carried out by that
7 person it's directed to.

8 Q. That's my point. So the physician is
9 entitled to assume that it will be carried out by the
10 people that that physician's intending to do, unless
11 advised otherwise?

12 A. Yes.

13 Q. Now, when a nurse receives a patient
14 from emergency, typically -- this may be a little out
15 of your field and I apologize if it is, I didn't
16 appreciate that the clinical nursing would be something
17 out of your recent history. But typically, a nurse
18 will meet the patient, settle the patient in the room,
19 meet whoever the family is and, I take it, review the
20 chart and check medications, is that fair?

21 A. I don't know the current process or
22 practice of the procedure.

23 Q. Okay, you can't help me?

24 A. I can't help you there.

1 Q. Now, in this case, as you'll see on
2 Exhibit 5, I believe it is, which is the handwritten
3 doctor's orders behind you from the Emergency
4 Department, you'll see in the middle that Dr. Schily
5 wrote "see Kidcom orders."

6 A. Okay.

7 Q. Do you see that? Yes? All right. Now,
8 if a nurse did not -- a ward nurse now, does not look
9 at the Kidcom orders, the only orders that exist in the
10 chart will be the orders from the Emergency Department,
11 is that right?

12 A. If orders do not exist in the Kidcom
13 system?

14 Q. No.

15 A. I'm sorry.

16 Q. They may exist. If a nurse does not
17 look at the computer, does not look at the Kidcom
18 orders, the only orders that will be in a patient's
19 chart at the time the patient is admitted to the ward
20 from emergency are the emergency doctor's orders?

21 A. Those would be the ones that are written
22 on paper, yes.

23 Q. And they'll be the only orders in the
24 chart if you don't look at the Kidcom system?

1 A. Yes.

2 Q. And if you don't look at the emergency
3 orders, if the ward nurse does not look at the
4 emergency orders and does not look at the Kidcom
5 orders, then the nurse doesn't have any orders upon
6 which she's acting to care for the child?

7 A. I can't really answer that question
8 because maybe there was a phone call, I don't know.

9 Q. Just in general, though. If there are
10 no Kidcom orders that have been looked at and if the
11 nurse doesn't look at that page or any other emergency
12 order page, then the nurse is acting without specific
13 doctor's order?

14 A. It depends on -- I can't really answer
15 that question.

16 Q. You can't help us with it?

17 A. No.

18 THE CORONER: Maybe I can interrupt. You
19 just convinced me that the only way you can
20 have orders in Sick Kids for an in-patient is
21 for those orders to be on the Kidcom system,
22 that the only place in Sick Kids that doesn't
23 -- that has written orders is the Emergency
24 Department. Every other patient, the orders

1 for that patient, are on the Kidcom system.
2 That was my understanding of your
3 demonstration of how Kidcom works. Am I
4 following it wrong?

5 THE WITNESS: Let me clarify that a little
6 further. The orders, when they come up from
7 the Emergency Department and when the nurse
8 goes into the system and activates those
9 orders, a paper copy of those orders will
10 print out to go onto the paper chart. When
11 the patient is an in-patient and a physician
12 writes an order, an order immediately prints
13 to go onto the chart as well.

14 And, as well, every 24 hours a document
15 prints out called the permanent document of
16 the daily orders, which is a summary of the
17 previous 24 hours, and those temporary
18 documents are pulled and the permanent
19 document is put in there and the nurse checks
20 to make sure that all the orders are
21 followed. Other documentation that prints
22 out that would have the orders on it is at
23 6:30 in the morning, for example, for the day
24 shift, or 18:30 at night for the night shift.

1 A patient care summary, which is a nursing
2 work sheet, prints out which would also --
3 would be orders.

4 THE CORONER: I don't want to get that
5 complex.

6 THE WITNESS: Sorry.

7 THE CORONER: We haven't even got the
8 patient into the ward and I'm afraid what
9 will happen if the patient stays too long.
10 What I'm interested in is that this patient
11 comes from the Emergency Department and my
12 understanding of your evidence is presently
13 in Sick Kids that if you are a doctor in
14 Emergency Department writing orders for an
15 in-patient, that you will have to do that by
16 putting them onto the computer system, either
17 while you're in the Emergency Department, or
18 if you don't do it in the Emergency
19 Department, you can do them on -- you go up
20 to the ward or you can go to another terminal
21 and you can put the orders, but it is
22 anticipated and it is the standard procedure
23 that you must -- the orders for someone who
24 is going to be treated as an in-patient, the

1 doctor's orders for that patient when they
2 first arrive on the ward should be on the
3 Kidcom system, am I correct there?

4 THE WITNESS: Yes.

5 THE CORONER: And they're in a suspended
6 mode, meaning at that time that until they
7 get to the ward, they're not activated. If
8 the patient arrives on the ward and there is
9 absolutely no medical orders with the
10 patient, there's nothing from the Emergency
11 Department in terms of handwriting, where
12 else but by going into the Kidcom system can
13 a nurse possibly figure out where orders are,
14 I thought you put it, it's your standard,
15 that the only place that you're expected and
16 it's anticipated that you'll find them is to
17 open the Kidcom system.

18 THE WITNESS: That's correct.

19 THE CORONER: Okay, I've got it.

20

21 BY MS. POSNO:

22 Q. I'm just going to ask one more question,
23 Ms. Warren, with respect to the change that the system
24 now has with a printout. The printout occurs on the

1 ward when the physician in the Emergency Department
2 inputs the orders, is that the way it works?

3 A. (non-verbal response)

4 Q. So the physician is in the Emergency
5 Department, inputs the orders just as Dr. Schily did,
6 and now the way the system works is that the orders
7 that the physician input will be printed on the ward
8 where that patient is going?

9 A. Once they're gone through the admission
10 process.

11 Q. Okay. And the nurse will pick up the --
12 or someone will pick up the printed orders at the
13 system and put it on the chart?

14 A. Now they would pick them up and put them
15 in the chart, that's correct.

16 Q. Okay, so someone still has to turn their
17 mind to going to the printer and picking up the orders
18 and putting them on the chart?

19 A. Yes.

20 Q. Was there any consideration given, and
21 I'm asking this maybe for the assistance of the jury
22 when we do recommendation, for printing out the orders
23 when the patient is in the emergency department and
24 putting them on the chart at that time, so that when

1 the patient goes from emergency to whichever ward the
2 patient is going, they'll already have the orders in
3 their chart?

4 A. Printing them in the Emergency
5 Department rather than waiting until they go to the
6 area where they're to be admitted?

7 Q. Right.

8 A. That's your -- what you're suggesting?

9 Q. Right.

10 A. I know that they did look at that
11 process, but the decision was that it would be better
12 to print it on the nursing unit where they were going
13 to be located because what happens is we have a
14 decentralized Admitting Department, and generally
15 during the regular hours, the unit clerk on the nursing
16 unit would do the registration process. It's only if
17 there's a unit clerk who is sick or if it's after hours
18 that the Central Admitting Department would do that
19 registration, so the patient could be, you know, coming
20 up to the unit or en route, so they felt that it was
21 better to print on the nursing unit so that they
22 wouldn't get missed.

23 Q. So in the present system, then, is a
24 patient transferred to a ward before they're formally

1 admitted by way of a central registration system? Can
2 that happen?

3 A. Sorry, could you repeat that? Can they?

4 Q. Can a patient be physically transferred
5 to a ward from the Emergency Department before the
6 patient has been formally registered through the
7 Central Administration?

8 A. I can't comment to the exact process.

9 Q. The reason I'm asking is, is it
10 possible, then, for a child who's admitted in the
11 middle of the night to be transferred to a ward from
12 emergency and because that patient may not have been
13 admitted formally through Central Administration, that
14 there will be no printed out Kidcom orders on the ward?
15 Do you know if that's a risk of the current system?

16 A. I don't believe so. If it's Central
17 Admitting that is doing the transfer, generally they're
18 doing that en route. Like, they're doing it ahead of
19 time.

20 Q. Those are my questions.

21 A. Okay.

22 THE CORONER: I think it's perhaps a
23 reasonable time to -- we'll recess for the
24 afternoon for a 20-minute recess.

1

2 --- A BRIEF RECESS

3

4

5 THE CORONER: Mr. Gomberg?

6 MR. GOMBERG: Thank you, Dr. Cairns.

7

8 CROSS-EXAMINATION BY MR. GOMBERG:

9 Q. Ms. Warren, I don't have very many
10 questions to ask of you, there's just a few points I
11 want to clarify. The first is this, in terms -- as I
12 understand it, Dr. Schily enters these orders in a room
13 off the emergency room into the computer, right?

14 A. He enters them at a terminal in the
15 emerg, yes.

16 Q. All right. And whether he creates his
17 own orders or access his orders by way of a menu, they
18 go into the Kidcom system and they're automatically
19 suspended until activated, right?

20 A. Admission orders from emerg, yes.

21 Q. All right. And they're supposed to be
22 activated on the floor, in this case 5A, right?

23 A. When the patient arrives on 5A, then the
24 orders get activated, yes.

1 Q. I understand that. So, in this case,
2 the child is transferred up to the ward at about, I
3 think, 1:20 in the morning and the records will correct
4 me if I'm wrong, and those orders are supposed to be
5 activated within how long of 1:20, if you accept 1:20
6 as the time?

7 A. We -- there is no specific time frame
8 for the activation.

9 Q. Right. You're kidding when you say,
10 that, right?

11 A. Like -- like -- I can't answer that,
12 that process.

13 Q. No, but just a minute. Just a minute.
14 I don't want to interrupt you. Are you finished? You
15 can't answer by when they're supposed to be activated.

16 My question was you're kidding when you say that,
17 right? As the representative of Sick Kids who's in
18 this court room to talk about Kidcom, you can't tell us
19 by when those orders are supposed to be activated, is
20 that your evidence?

21 A. That process is written and is followed
22 by the nursing staff on that side. I teach the
23 process.

24 Q. You teach the process, so you can't help

1 this jury, or the Deputy Chief Coroner for the Province
2 or any of us as to what the time frame is in which
3 those orders are to be activated; whether it's half an
4 hour, an hour, two hours, three hours, four hours, five
5 hours, you can't help us with that?

6 A. I can't -- it depends on the variables
7 of when the patient arrives as to the process of
8 whether the patient might -- the nurse might see the
9 patient first, I can't -- I can't tell you the ...

10 Q. All right. Well, can you tell me
11 whether those orders ought to have been activated
12 before 7:15 in the morning when apparently she was
13 found dead in her bed?

14 A. The process is that the orders get
15 activated -- yes, they get activated, as well as a
16 phone call gets made up to the nursing unit.

17 Q. I'm going to talk to you about the phone
18 call in a minute.

19 A. Yes, okay.

20 Q. Ms. Posno talked to you about that, so
21 let's leave the phone call aside now. The child
22 arrives at the Orthopedic Ward, 5A, at 1:20 in the
23 morning, roughly, right? You accept that for the
24 purpose of my question?

1 A. Okay.

2 Q. And then the child is found dead in bed
3 at about 7:15 in the morning, right, so that's six
4 hours later, more or less, right? Now, is it your
5 evidence that the orders ought to have been activated
6 some time in those six hours, but in fairness to you,
7 you can't tell me when during those six hours?

8 A. The orders should be activated after the
9 patient gets admitted.

10 Q. No, I know that, but we're dancing
11 around here. "After she's admitted;" they could be
12 activated today, that would be after she was admitted.

13 I'm asking you whether you can testify as to when
14 those orders ought to have been activated between when
15 she arrived on the ward at 1:20 a.m. on October 22nd
16 and when she died or was found dead at 7:15 in the
17 morning on October 22nd? I think it's a fair question.

18 A. I can't answer that.

19 Q. All right. But you do agree that they
20 ought to have been activated before she died?

21 A. The orders are supposed to be activated
22 on the nursing unit when the patient arrives.

23 Q. All right, so I think you have answered
24 the question. "When she arrives" is at 1:20 in the

1 morning. Now, the nurses are obviously -- this isn't
2 the only patient they have to deal with, right? I
3 mean, they're not sitting there waiting for this
4 patient to arrive, or are they?

5 A. I can't answer that.

6 Q. All right. So to be fair to the nurses,
7 there may be some interval after 1:20 which is not
8 unreasonable for them not to activate the orders? Do
9 you understand what I'm asking you?

10 A. Mm-hmm.

11 Q. All right. But, certainly, at some time
12 within a reasonable time, and you can't put a figure on
13 it, those orders ought to be activated, right?

14 A. The orders should be activated.

15 Q. All right. And the nurses are all
16 trained in Kidcom by definition, right?

17 A. The nurses are trained on Kidcom, yes.

18 Q. Well, let's just talk about Doerksen and
19 Soriano, Nurses Doerksen -- Ruth Doerksen and Anagaile
20 Soriano were both trained on the Kidcom, right?

21 A. They were trained on the Kidcom. In
22 order to have access to the system, they need to be
23 trained.

24 Q. Well, I -- but you're anticipating the

1 question, and that is, is it fair for this court to
2 assume or to conclude that both Nurse Doerksen and
3 Nurse Soriano did have access to the system, and nobody
4 has asked you that yet?

5 A. They have access to the system.

6 Q. Well, not only have, had in the evening
7 of October 21st and in the early morning hours of
8 October 22nd, 1998? Yes, they had access to the
9 system?

10 A. They have access to the system, yes.

11 Q. Can I ask the question again, because I
12 think it's very important, and if you're not
13 understanding it, maybe it's my fault. The child is
14 admitted to the Orthopedic Ward, 5A, at 1:20 in the
15 morning, more or less, on October 22nd, 1998, okay?
16 That's the only time frame I'm asking you about now.
17 At 1:20 in the morning on October 22nd, 1998, did
18 Anagaile Soriano and Ruth Doerksen have access to the
19 Kidcom?

20 A. They had access to the Kidcom.

21 Q. All right. And you've checked that by
22 going into your records before you came to testify
23 today?

24 A. Yes, into our training.

1 Q. All right. Well you checked your
2 training and you've confirmed that both Anagaile
3 Soriano and Ruth Doerksen were trained on the Kidcom,
4 right?

5 A. Yes.

6 Q. All right. And they were trained on the
7 Kidcom and they knew how to use the Kidcom, right?

8 A. Yes.

9 Q. Right. And they also knew that the
10 invariable, obligatory, mandatory practice, it was
11 obligatory that when a patient comes up from emergency,
12 they check the Kidcom?

13 A. That is one of the steps in the process.

14 Q. Mandatory, right?

15 A. That is one of the steps in the process.

16 Q. Well, it's one of the steps, it's an
17 important step, right?

18 A. It's one of the steps in the process.

19 Q. And if they don't check the Kidcom, then
20 they've not done something that was important and that
21 they ought to have done, right?

22 A. I can't answer that.

23 Q. Fine, I'll ask them. Now, in terms of
24 accessing the Kidcom, I take it that one can access the

1 Kidcom at any time after the patient arrives at the
2 ward, correct?

3 A. The Kidcom system can be accessed at any
4 time, yes.

5 Q. Well, for example, we have charts about
6 people going in to do various checks on Lisa from time
7 to time and I can show you the flow chart, but the
8 Kidcom could have been accessed at 2:00, at 3:00, at
9 4:00, at 5:00, at 6:00, right?

10 A. The Kidcom system can be accessed at any
11 time, yes.

12 Q. All right. Now, I specifically want to
13 ask you some questions about the computer system,
14 that's the Kidcom system, and I'm not sure quite
15 frankly whether you're the appropriate person to ask,
16 and if you're not, then I'd like the proper person to
17 come here. My question to you is this: You were asked
18 before about access to the Kidcom, in other words,
19 having looked at the Kidcom was I think the way it was
20 put to you, right? Do you remember you were asked by
21 somebody, can you look at the Kidcom without activating
22 the orders, correct?

23 A. That is correct, yes.

24 Q. And your answer was, yes, you can look

1 at the Kidcom without activating the orders.

2 A. Yes.

3 Q. Is that system set up so that today you
4 can tap into the computer to see whether anybody looked
5 at the Kidcom?

6 A. With Kidcom, when somebody does the
7 activation, it does record that the person has accessed
8 the system.

9 Q. All right. Let me ask the question
10 again. I appreciate the answer, but it's an answer to
11 another question and not the question I asked you.
12 Let's assume hypothetically for the moment that Nurse
13 Doerksen did look at the Kidcom at 2:00 in the morning,
14 or 3:00 in the morning on October 22nd. I'm making
15 this up, okay?

16 A. Mm-hmm.

17 Q. Can you tap into that Kidcom today and
18 get a readout showing that Nurse Doerksen or Nurse
19 Soriano, or Dr. Cairns, if he's on the system, tapped
20 into that Kidcom at 2:00 in the morning on October
21 22nd?

22 A. If somebody looks at the system, it does
23 not record looking at the system.

24 Q. I'm not asking whether it records it,

1 I'm asking whether there's an aspect to that computer
2 program, which I confess I know absolutely nothing
3 about, which will permit somebody, today, that's in
4 January of the year 2000, to go into that computer to
5 see whether those orders were ever looked at, at any
6 time after they were put in? Looked at, not activated.

7 A. The system only records when somebody
8 enters or changes something, it does not record when
9 somebody reviews something.

10 Q. All right. Obviously, you're not the
11 person who's done the programming on the system;
12 somebody either in the hospital or outside of the
13 hospital has done the programming on the system, right?

14 A. Inside the hospital.

15 Q. All right. And have you asked that
16 person who's the programming expert whether a program
17 -- whether you can tap into that Kidcom system to find
18 out whether those orders were looked at, and if so, by
19 who and when?

20 A. There is not a program in existence
21 right now to look at whether somebody has reviewed a
22 chart, and you're right, I would not be able to be the
23 technical person to say whether something like that
24 could be done.

1 Q. No, I'm not asking whether it could be
2 done, I guess it could be done, anything can be done.
3 The question is are you confident in your evidence that
4 it's not available now?

5 A. Yes.

6 Q. All right. Now, in terms of those
7 orders being -- forget about activated now, we know
8 that they were never activated, right?

9 A. They were not activated.

10 Q. They were not activated. And we don't
11 know whether they were looked at, right?

12 A. Right.

13 Q. And we'd have to ask Nurse Soriano and
14 Nurse Doerksen whether they looked at them, but
15 regardless of their answers, we don't know whether
16 anybody else looked at them, right?

17 A. I can't tell whether they did.

18 Q. All right. Can you tell by going to the
19 computer when those orders were first printed up onto
20 pieces of paper?

21 A. When the orders were, like, entered into
22 the system?

23 Q. No. The suspended orders were entered
24 into the system by Dr. Schily at whatever time, I think

1 it was 23:48 or something like that ---

2 A. It does state that.

3 Q. --- on October 21st, right?

4 A. That's right, it does state that.

5 Q. Right. Now we all have printed copies
6 of those orders today, right?

7 A. Mm-hmm.

8 Q. They were printed up whenever they were
9 printed up.

10 A. Mm-hmm.

11 Q. Can you tell -- can you tell, or can
12 anyone tell by going into the computer when those
13 orders were first printed up?

14 A. Not necessarily by going into the
15 computer, but on the printed sheet of paper itself it
16 does state the date and time that it was printed.

17 Q. Now, just to be clear about that, I'll
18 ask you about that in a minute, that won't tell us
19 whether those sheets with maybe a date on them are the
20 first time that they were printed up, right?

21 A. No.

22 Q. Do you understand my question?

23 A. I see.

24 Q. So my question is if you look at some

1 sheets with those orders, you can tell me, maybe, that
2 they were printed up in January of 1999, but you can't
3 tell me whether that was the first time they were
4 printed up, is that right?

5 A. From my understanding, yes.

6 Q. All right. Now, if you look into the
7 computer, I take it that you can't tell when those
8 orders were first printed up, is that right?

9 A. From my understanding, I don't think so,
10 no.

11 Q. Well, will you ask the computer person
12 and then let Mr. Hawkins know and he can let us know?

13 A. Mm-hmm.

14 Q. Deputy Chief Coroner, I think it's
15 important in terms of recommendations. Now, in terms
16 of the chart, these are the orders that Dr. Schily made
17 and we're talking now about pages 1 and 2 of the Kidcom
18 orders, right? Can you, by looking at those two
19 sheets, and I'm referring now to the blow-ups, Deputy
20 Chief Coroner, tell me when those were printed up? I'm
21 not talking about when I made the blow-ups, but
22 there'll be something on the sheet, presumably, showing
23 when they were printed up.

24 A. This date and time shows when they were

1 printed up.

2 Q. All right. So these were printed up on
3 January 26th, 1999 at 15:46, which is, I guess, 3:46 in
4 the afternoon, is that the idea?

5 A. Mm-hmm.

6 Q. Now, can you testify, or would I have to
7 ask someone else, about whether or not that means that
8 from October 22nd, 1998 until January 26, 1999,
9 November, December, January, that's three months and
10 four days, nobody at the Hospital for Sick Children
11 knew about orders made on Lisa Shore?

12 A. I can't answer that.

13 Q. Is that a possibility?

14 A. Is that a possibility that -- sorry,
15 could you ...

16 Q. Yes, is it a possibility that for three
17 months and four days, in the face of the Coroner's
18 investigation that was ongoing for three months and
19 three days or four days, that nobody at the Hospital
20 Sick Children either checked or produced these orders,
21 or handed them to the Coroner's office to assist in the
22 investigation?

23 A. I can't state that, because I don't -- I
24 don't know who might have or not -- no, I can't answer

1 that.

2 Q. Well, have you asked the computer expert
3 at the hospital when those orders -- whether there's
4 any way to figure out whether those orders were looked
5 at or printed or anything like that between October
6 22nd, 1998, and the date that you just testified,
7 January 26th, 1999?

8 A. There are documents that print out at
9 the time of discharge, so one of the documents that
10 would print at the time of discharge would be a daily
11 orders discharge permanent document.

12 Q. Well, all right. Is that part of the
13 Kidcom?

14 A. That is part of the Kidcom.

15 Q. Well, can you look at the chart and tell
16 me where you would see those daily orders in the -- by
17 the way, I may be able to short circuit this. If the
18 Kidcom orders are not activated, and we know in this
19 case they were not activated, would that appear in this
20 summary?

21 A. It depends on the time that the orders
22 are entered and the time that the patient is admitted.

23 If the orders are entered the day before and the
24 patient is admitted the day before, then we have a

1 printout that prints at midnight that would have that
2 information on it. The discharge -- the daily order
3 discharge report that you're talking about captures
4 from the moment that they're discharged to any activity
5 that goes back to midnight.

6 Q. Well, all right, I think I understand
7 it, but just to make sure I understand it, can you look
8 at Lisa's chart and tell me whether there's any
9 reference that would twig anybody who was looking to
10 the existence of the Kidcom orders?

11 MR. HAWKINS: At what time frame?

12 MR. GOMBERG: In any time frame up to
13 January 26th, 1999. I'm talking specifically
14 about the Kidcom orders that were not
15 activated. I don't care about Kidcom orders
16 on previous admissions.

17 MR. HAWKINS: Well, if I can assist her, I
18 think I can state that the only reference to
19 the suspended orders in the chart is those
20 printouts from January 26, '99.

21 MR. GOMBERG: All right. Well, that's what
22 I thought, too, but I thought she was, in
23 fairness, alluding to something else and I
24 just wanted to make sure that I covered it

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off, so let me ask the question again.

BY MR. GOMBERG:

Q. Is what Mr. Hawkins said correct, and that is that the only reference to the Kidcom orders, if I can put it that way, are the Kidcom orders themselves?

A. The only reference that is in the chart is what you see.

Q. All right. Other than the handwritten thing that Dr. Schily wrote in the Emergency Department, right?

A. That's in the chart, yes.

Q. Now, have you seen that, by the way, to be fair to you, the handwritten note that Dr. Schily wrote?

A. The orders that were presented earlier, these ones?

Q. Right.

MR. HAWKINS: I think Ms. Posno put them to her.

MR. GOMBERG: Well, all right.

THE DEPONENT: These ones here.

1 BY MR. GOMBERG:

2 Q. But, to be clear, you said that there
3 were, I think, were two or three prompts to deal with
4 Kidcom. One of them, I suppose, is the invariable
5 practice and that is you're supposed to look at the
6 Kidcom, right? All right. Now, even if you don't do
7 that, you said there's supposed to be a phone call.

8 A. That's correct.

9 Q. Right? But I guess the third prompt is
10 where it says "See Kidcom orders," correct?

11 A. That is written in the document that the
12 process or the procedure that is to be followed is that
13 the physician should make a phone call to the nursing
14 unit, or it should be that the nurse looks online.

15 Q. No, I understand that, so -- but, we're
16 talking just in terms of prompts, all right? There are
17 two possible prompts; one is he phones, right?

18 A. Mm-hmm.

19 Q. Right. And the second one is that he
20 writes something down, which is what he did here. Now,
21 I think that you said in response to Ms. Posno, and
22 there was a whole dialogue about this, that those
23 orders that are written in emerg are for use in emerg,
24 right?

1 A. Mm-hmm.

2 Q. But I take it you'd agree with me that
3 those orders that are written in emerg are sent up to
4 the floor for a reason, right?

5 A. The whole chart goes with the patient.

6 Q. No, but there's a reason for that, and
7 the reason is so that the people who are dealing with
8 the patient later on have access to what was done
9 earlier on, isn't that the reason?

10 A. The process, though, that everybody
11 understands is that there should be a phone call to the
12 nursing unit or that there should be the nurse looks
13 online for the activation of orders ---

14 Q. You're 100 percent right, and I suppose
15 that if he went up there himself, personally, and
16 activated the Kidcom orders, then that would have been
17 helpful too in this case, but he didn't do that, right?
18 He just wrote it down.

19 A. And that's not the accepted process. I
20 accept that he wrote them down, but that is not the
21 process.

22 Q. Is the accepted process for the nurses
23 to ignore what the doctor's written specifically in a
24 chart that goes up with the patient for a reason,

1 because my suggestion to you is that if the doctor is
2 not -- if they're not supposed to look at the chart at
3 the floor, then I suppose the chart should just be
4 thrown out and not go up with the patient from emerg to
5 the ward.

6 A. I don't know what the current practice
7 is for nurses on the floor as to how they do that
8 process. I'm not the right person to ask that question
9 of.

10 Q. It wouldn't surprise you if the practice
11 remains for that order sheet, or whatever you call it,
12 the notes, the orders made by the doctor in emerg, like
13 Dr. Schily, it wouldn't surprise you if it remained the
14 practice that that still goes up from emerg to the
15 ward?

16 A. That the order sheet goes up to the
17 ward?

18 Q. Right. In other words, that's still the
19 practice?

20 A. The whole chart follows the patient.

21 Q. So that's still the practice?

22 A. The whole chart goes with the patient.

23 Q. Now, the only other thing I wanted to
24 ask you is this: This modification or alteration to

1 what was the procedure before, and that's step number
2 10 on your -- on the flow chart. It says:

3 "... Suspended orders print on the
4 nursing unit when a patient is
5 admitted ..."

6 And Ms. Posno asked you about whether
7 they'd be printed in the Emergency Department and you
8 gave her the answer. I don't want to spend any time on
9 that, but what I do want to establish is this: Those
10 orders, how do they actually, physically, get printed?

11 Now, let's just talk about this case for a minute, all
12 right? So let's make like Lisa goes up to the floor at
13 1:20, how does somebody know to print that on the -- on
14 5A?

15 A. How does step 10 get invoked?

16 Q. Right.

17 A. It's part of the programming of the
18 system. If you want -- I can't answer the exact
19 mechanics of how it works, but it's triggered by the
20 process of admissions to the unit.

21 Q. You see my concern, though, is this, and
22 the jury is going to have to make recommendations on
23 this; the accessing the Kidcom and activating the
24 Kidcom are also supposed to be triggered by the child

1 arriving on the ward, isn't that right?

2 A. The activation of the orders?

3 Q. Right.

4 A. Correct.

5 Q. Well, that didn't happen in this case,
6 did it?

7 A. The orders were not activated.

8 Q. Well, that -- okay. So the answer is
9 yes, that didn't happen in this case. The child comes
10 up to the ward, right? The orders are supposed to be
11 activated, that doesn't happen. Now, why would the
12 suspended orders being printed be any different? I
13 mean, somehow there has to be an activation mechanism
14 and if we rely on the nurses to do it, then we may be
15 in exactly the same position.

16 MR. HAWKINS: No, I think there's a
17 confusion here. I believe Ms. Warren has
18 testified that the step 10 is something
19 automatic that the computer now does. When
20 the patient is admitted, the computer
21 generates a print on the unit that it's
22 admitted to.

23 MR. GOMBERG: All right, so that's fine.

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BY MR. GOMBERG:

Q. Is that your answer, because if that is, it leads to the next question, and that is, well, what's the point to this whole thing? Why not just have the orders activated by the computer when the patient arrives on the floor?

A. You would not want to do that because the orders still need to be reviewed by the nurse to ensure that nothing needs clarified. Maybe some of the procedures were done already so you wouldn't want to have something automatically activate because, remember, it prints out all the requisitions in the appropriate department, so they would need to have the discretion and judgement of the health care professional to look over those orders first.

Q. Well, I just want to see if I understand this. A patient comes up from emerg at, let's say at 1:20 in the morning, and the patient, I think you explained the way that there's a decentralized admitting, so something is done by, I think you called her a Unit Clerk, and the patient is now formally admitted into 5A and somebody types something into a computer, is that right?

1 A. Yes.

2 Q. And as soon as that happens the orders
3 that are made in emerg are printed up and come out of
4 the computer, the printer?

5 A. They print -- there are two printers at
6 the nursing station, one is designated for new medical
7 orders, the other is designated for requisitions and
8 the orders would print on the new medical order printer
9 and then they would get picked up and put in the
10 doctor's order section of the chart.

11 Q. But they remain suspended?

12 A. They remain suspended.

13 Q. So they remain suspended and the nurses,
14 or the nurse who's in charge has to then activate those
15 suspended orders, right?

16 A. The orders needed to be activated,
17 reviewed and activated.

18 Q. All right. And if the nurse doesn't
19 activate those orders then they can remain
20 un-activated, or whatever the word is ---

21 A. Remain suspended.

22 Q. Suspended, and that can remain the
23 situation for how long?

24 A. Until they're activated.

1 Q. So, in other words, the "how long," the
2 answer to that is indefinitely? In other words, we
3 have no assurance, for example, let's use the 1:20
4 example, those orders are -- let's assume that we're
5 now in the year 2000, January, Lisa comes in at 1:20 in
6 the morning and she's admitted to the ward and now we
7 know that the difference is that the computer will
8 generate a piece of paper with suspended orders, and
9 those orders have to be activated, right?

10 A. Those orders have to be activated.

11 Q. Okay, now the nurse, to be fair, may
12 read those suspended orders, they may not read those
13 suspended orders, we don't know. Now, is there some
14 system that says to that nurse at 2:00 in the morning,
15 or 2:15 or 2:30 or 3:30 or 5:30, bing, bing, bing,
16 bing, the alarm goes off, we have some suspended orders
17 here?

18 A. The procedure is that the nurse goes to
19 the terminal and looks for the orders, just like if the
20 system was on paper, the nurse would go to the paper
21 chart to look to see if there were orders. The only
22 difference is rather than looking at the paper chart to
23 see if there are orders, they're looking at a computer
24 screen to see if there are orders.

1 Q. Just so I understand it, other than the
2 fact that the suspended orders get printed, the system
3 is exactly the same now -- exactly the same now -- as
4 the system that failed Lisa Shore on October 22nd,
5 1998? It requires the nurse, with no prompting, to
6 activate those Kidcom orders, right?

7 A. The nurse ---

8 MR. HAWKINS: Well, in fairness, there is a
9 prompt ---

10 THE DEPONENT: Yes.

11 MR. HAWKINS: --- that this witness has
12 talked about numerous times which is the
13 physician making a phone call.

14 MR. GOMBERG: Just a minute. I'm asking the
15 questions, you'll get to ask your own later
16 on.

17
18 BY MR. GOMBERG:

19 Q. Other than the -- to be fair, whether
20 the physician makes the call or doesn't make the call,
21 we've heard the evidence in this case, all right?
22 There is a prompt, he's right, the extra prompt is that
23 we have a piece of paper coming out of a printer with
24 suspended orders on it which may be looked at, and if

1 it is looked at, then that's a prompt. If it's not
2 looked at there's no prompt, right? Assuming that the
3 physician doesn't make a phone call, there's no more
4 prompt now than there was on October 22nd, 1998?

5 A. In that system there are three prompts.
6 One, is the physician phones; the second is that the
7 report prints, the suspended orders print; the third is
8 that the nurse goes into the system and activates those
9 orders.

10 Q. All right. But, ultimately, the buck
11 stops with the nurse, right? In other words, the
12 physician phones, the nurse has still got to activate
13 the orders, right?

14 A. It's a three-check system.

15 Q. All right. And so it's a three-check
16 system, at the time -- at the time -- that's on October
17 22nd, it was a two-check system?

18 A. Mm-hmm.

19 Q. Except in this case, it was a three-
20 check system because he wrote something down, right?
21 So whether he phoned or he didn't phone, he wrote it
22 down?

23 A. The process should have been -- a phone
24 call should have been made and the nurse -- if the

1 nurse did not receive the phone call, then the nurse
2 should look in the system to see if there are orders to
3 be activated. If there are no orders, then to phone
4 for orders.

5 Q. All right. Now, the only other thing, I
6 wanted to get back to one area that I was talking about
7 earlier and that is the area of investigating what
8 happens when there is a death, all right? Do you have
9 any interface with the Coroner's office?

10 A. I do not.

11 Q. That's you personally?

12 A. No.

13 Q. All right. Do the people who run the
14 computer system, the person who you were going to talk
15 to, does he have any interface with the Coroner's
16 office?

17 A. I do not know.

18 Q. But, you'd agree with me, I take it, as
19 a matter of common sense that whatever is in the
20 hospital records, including Kidcom orders, whether
21 suspended or not suspended, ought to be forwarded to
22 the Coroner's office if they're investigating a death
23 immediately, immediately being within a week, say, of a
24 death?

1 A. If that is the process.

2 Q. All right. And you'd agree with me that
3 it's not acceptable for the Coroner's office to get
4 records over three months after the death and not even
5 to know that there were nurses orders, suspended or not
6 suspended in the system, that's not acceptable, is it?

7 A. I can't answer that.

8 Q. Do you want to take a guess?

9 A. No.

10 Q. You don't want to take a guess. Well,
11 I'm suggesting to you that that's not acceptable. Do
12 you agree or not agree?

13 A. I can't answer that.

14 Q. Those are my questions.

15 THE CORONER: Just before Mr. Hawkins, you
16 have indicated -- it's something I wasn't
17 aware of until you testified, I was under the
18 impression that once the nurse on the ward
19 opened the computer screen, that that
20 automatically activated the orders. You're
21 saying what it does, they come up on the
22 screen, they are still suspended, it requires
23 the nurse to read those in the suspended form
24 to satisfy him or herself that they

1 understand the orders and then they actually
2 have to press some button or do something to
3 actually make it activate, is that correct?

4 THE DEPONENT: That's correct.

5 THE CORONER: Would there be any logical
6 reason that you can think of, I'm not saying
7 what can or cannot happen, is there any
8 logical reason that you can think of why a
9 nurse would open suspended orders which are
10 obviously the orders that are to be followed
11 for that patient while they're in the
12 hospital, why they would open them, look at
13 the suspended orders and close the computer
14 without activating them?

15 THE DEPONENT: Only if she thought that
16 there was something wrong with them and she
17 wanted to talk to the physician about them.

18 THE CORONER: So if that was the case, then
19 there would be some record that a telephone
20 conversation or some other form of
21 communication was -- happened between that
22 nurse and a physician?

23 THE DEPONENT: If that is the process, that
24 they write down those things then, yes. If

1 it isn't, then, no, I don't know what the
2 practice is for the recording of that part of
3 the information.

4 THE CORONER: But if the nurse is not
5 concerned about the orders, having looked at
6 them in the suspended mode, is there any
7 logical reason why, if that happens, why you
8 would just turn off the computer without
9 activating them?

10 THE DEPONENT: If they look fine, then the
11 active -- they would go through process to
12 activate.

13 THE CORONER: And if they're not activated,
14 you don't -- you can't give me a logical
15 reason why that would happen?

16 THE DEPONENT: If they're not activated?

17 THE CORONER: Yes.

18 THE DEPONENT: Only if that the nurse had
19 any question about what the orders were.

20 THE CORONER: Well, if you take my
21 theoretical situation, assuming that a nurse
22 has no questions about the orders, and to
23 date we haven't heard any evidence, but that
24 remains, we haven't heard any evidence that

1 there was a concern about the orders, but
2 let's leave that aside in case I'm jumping
3 ahead of the evidence in this case. In the
4 theoretical case, if the nurse is satisfied
5 that the orders are appropriate, there are no
6 concerns with them, it doesn't make any sense
7 to look at them and then switch it off
8 without activating them, does it?
9 THE DEPONENT: Unless there were other
10 conditions around that.
11 THE CORONER: Well, what would those be?
12 THE DEPONENT: I couldn't answer that part
13 of it because that's outside of my scope of
14 nursing, just being on the computer side.
15 That part, I think, would be best answered
16 probably by the nurse.
17 THE CORONER: Mr. Hawkins?
18 MS. BROWNE: Dr. Cairns, could I just ask to
19 clarify a couple before Mr. Hawkins, so that
20 he can perhaps include what I question?
21 THE CORONER: Is that all right by you, Mr.
22 Hawkins?
23 MR. HAWKINS: That's fine by me.
24

1 RE-EXAMINATION BY MS. BROWNE:

2 Q. I've been listening very carefully, Ms.
3 Warren, and when Ms. Posno was questioning you with
4 regard to the information that's put into the computer
5 and that's put on the charts, you were indicating that
6 the reason for all this was recording information. Is
7 that right, that this was a series -- a chronological
8 step of recording information about the patient?

9 A. When they put the information into the
10 computer system?

11 Q. Right.

12 A. Yes, it does record the date and time.

13 Q. Ms. Posno was asking whether or not it
14 was a method of communication, and you would keep
15 repeating, no, it was method of recording information,
16 right?

17 A. It is a method of recording information
18 and can be one of the ways to communicate.

19 Q. Well, the only reason for recording
20 information, surely, is to communicate, isn't it, to
21 history, to court, to another person, to anybody, is to
22 communicate, is that right?

23 A. Information recorded is to communicate.

24 Q. Now, we're looking for recommendations

1 here, and I appreciate that everybody is looking for
2 answers. I've tried to think of something that might
3 prevent this. The system has been set up, it has been
4 -- as you say, there's three failsafes; there's
5 recording on the chart, there's entering in the
6 computer and then there's a phone call. Is that more
7 or less what you said? The phone call, that's totally
8 ephemeral, it doesn't last long. Is there a way --
9 should they be recording that there was a phone call on
10 the paper or in the computer?

11 A. Should the physician recall -- record?

12 Q. Anybody. You said the phone call that
13 comes from the emergency is what's supposed to trigger
14 off the activation of the orders. If there is no phone
15 call then that's it; the whole system depends on a
16 phone call?

17 A. That is one of the check points, not the
18 only check point. So if the phone call is not made,
19 then remember the other two steps now are that the
20 suspended orders print on the nursing unit, and a third
21 check point is that the nurse, if they didn't get a
22 phone call, can look on the system to check to see if
23 there are orders. If you look at the policy as it was
24 at the time, it specifies the steps to the process.

1 Q. And if, as in this case, there doesn't
2 appear to have been a phone call, the orders haven't
3 been activated, there's no evidence that anybody read
4 the chart, how on earth do nurses know how to treat the
5 patients?

6 A. I can't answer that.

7 Q. They would have to just rely on their
8 own ability and decision-making?

9 A. I can't answer that.

10 Q. All right. Thank you.

11 THE CORONER: Mr. Hawkins?

12

13

14 CROSS-EXAMINATION BY MR. HAWKINS:

15 Q. Ms. Warren, just before we go into some
16 of this other stuff, Ms. Browne was just asking you a
17 number of questions about how nurses treat patients.
18 You were asked earlier questions about what orders mean
19 and what clinical judgment nurses and doctors are
20 supposed to exercise in reference to orders. Do you
21 remember being asked all those sorts of questions?

22 A. Yes.

23 Q. Is that within your scope of practice
24 now?

1 A. All the orders and everything, no.

2 Q. You work now within the Information
3 Systems Department?

4 A. That is correct.

5 Q. You don't practice as a nurse at the
6 hospital?

7 A. No, I do not.

8 Q. So in terms of clinical judgements and
9 what orders mean, are we better to talk to the nurses
10 who actually provide the care?

11 A. Absolutely.

12 Q. Now, moving back to the Kidcom and
13 looking at the Emergency Department process, and let's
14 look at the Emergency Department process exclusively
15 and how Kidcom works. Before Kidcom, we had a paper-
16 base system?

17 A. Yes.

18 Q. And in that system, how did orders get
19 made in the Emergency Department?

20 A. The physician for the Emergency
21 Department solely? For the Emergency Department, then
22 all of that was on paper, okay. If it was decided that
23 the patient was to be admitted, then the admitting
24 physician could come down and write orders on paper for

1 the in-patient part of their care, for their phase of
2 care. If the patient was to be in the Emergency
3 Department for an extended period of time, then the
4 physician could also write orders on paper for that
5 phase of their care.

6 Q. You speak of phases of care, so
7 Emergency Department is one phase of care and admission
8 to an in-patient unit is another phase of care?

9 A. Mm-hmm.

10 Q. Right?

11 A. That's correct.

12 Q. And in the handwritten system, you need
13 a set of orders for the Emergency Department and a set
14 for the second phase, which is admission?

15 A. That's correct.

16 Q. And the description that you produced
17 suggests that what Kidcom does is try to replicate the
18 handwritten system?

19 A. That is correct, it's supposed to mirror
20 the practice in the hospital.

21 Q. So you still require different orders
22 for different phases of care?

23 A. That is correct.

24 Q. And in the Emergency Department, it's a

1 handwritten order for the Emergency Department only?

2 A. That's right.

3 Q. And if the patient is to be admitted, we
4 get new orders, different orders for the admission
5 phase of their care?

6 A. That is correct.

7 Q. Can you tell me why the hospital, for
8 the Emergency Department, has kept a handwritten system
9 in the Emergency Department?

10 A. In emergency, we have physicians who
11 will come to us that also practice in other hospitals,
12 as well, and so they practice solely in the Emergency
13 Department and there is (sic) many physicians who come
14 and will do shifts, so they -- we felt they were not
15 here long enough to be able to understand and
16 effectively use a computerized system in that area and
17 to keep the staff trained in that area, so for now it
18 was looked at for them to be kept on paper.

19 Q. So it was decided that for the Emergency
20 Department, the better system was a handwritten system?

21 A. That's correct.

22 Q. And since 1993 when Kidcom came out at
23 the hospital, has it been looked at whether it still
24 made sense to maintain the Emergency Department on a

1 handwritten system?

2 A. It has been reviewed since 1993, and I
3 understand it is under review now, but I'm not part of
4 the process of the discussion.

5 Q. So this is something that the hospital
6 has checked and is checking now to be sure that that
7 still makes sense?

8 A. That's correct.

9 Q. Then Ms. Posno asked you some questions
10 about patients being admitted with Kidcom orders and
11 you've talked about, in the Kidcom system, the doctor
12 can enter the orders from anywhere.

13 A. Mm-hmm.

14 Q. So the handwritten system, if a doctor
15 wants to put orders on a patient's chart, he or she
16 would have to go to Emergency Department and write the
17 orders?

18 A. That's correct.

19 Q. In this case, we know that Dr. Schily
20 entered those orders in the Emergency Department.

21 A. Yes.

22 Q. Is that the only place he could be
23 putting orders on Lisa Shore's chart?

24 A. No. You can enter orders onto a

1 patient's record from any one of the 600 work stations
2 in the hospitals.

3 Q. And then that's automatically there for
4 the caregivers?

5 A. That's correct.

6 Q. So in this case, while we know Dr.
7 Schily did it in the Emergency Department, he could
8 have done later or at some other time in another
9 department?

10 A. Yes.

11 Q. And in looking at that system -- now,
12 you've got -- the process from '94 that has recently
13 been reviewed, that went through, I think you said, the
14 Patient Care Committee and the MAC?

15 A. The Nursing Practice Committee. It was
16 reviewed by the Medical Advisory Committee and reviewed
17 by the Nursing Practice Committee, and approved by the
18 Nursing Practice Committee. They looked at all of the
19 steps in the process, and I don't know all the details
20 that went on under the discussion of that, but rather
21 than subtracting any of the steps, they chose to keep
22 the process as it was and also add in an extra check
23 point.

24 Q. Okay. Well, that was my question then.

1 The decision was made to keep the process as it was,
2 but add something?

3 A. Yes.

4 Q. Not take away any of the steps?

5 A. That's right.

6 Q. And when you described your job, you
7 are, sort of, one of the Kidcom trainers?

8 A. Yes.

9 Q. And do you do the physician training
10 courses?

11 A. I do the physician training courses.

12 Q. And the process that you've described,
13 is that part of the physician training courses?

14 A. The physician lesson plan and the
15 physician training course, yes, it contains that
16 process in it and so -- yes.

17 Q. And that includes as one of the checks
18 in the system, the physician making a phone call?

19 A. That whole process for that is covered
20 in training.

21 Q. Then looking at -- we've looked at
22 strictly, sort of, the Emergency Department process and
23 the checks you've put in that process to see that
24 Emergency Department orders get used on the ward.

1 Outside of the Emergency Department process, are there
2 other checks to see that nurses are given prompts to
3 check the system?

4 A. So once they become an in-patient?

5 Q. Once they become an in-patient, what are
6 the checks in the process to see that the system is
7 accessed or the information on the system is accessed?

8 A. On the in-patient side, when an order is
9 entered into the computer, a paper copy of that order
10 immediately prints out at the nursing station on the
11 new medical order printer. The Unit Clerk will pick
12 that order up off the printer and put it in the
13 doctor's order section of the chart and pull the red
14 doctor's order flag so that when the nurse comes around
15 to the nursing station they know, just like in the
16 paper system, that they have orders on that patient.

17 The thing that happens with the orders
18 is that it automatically gets transcribed onto their
19 work sheet, which is called a patient care summary. If
20 it's a medication, it gets transcribed onto the
21 medication record and the requisitions are sent
22 automatically to the appropriate department. The
23 patient care summary, although it's viewable in the
24 system, is something that prints out automatically at

1 the beginning of a shift, so at 6:30 in the morning for
2 the day shift, 6:30 at night for the night shift, and
3 it will contain all revisions done during the past 12
4 hours for the patient, including all of the medical
5 orders so that that is another check point. Two check
6 points, one at the beginning of a day shift, one at the
7 beginning of a night shift.

8 Another check point that is done is that
9 after midnight, something called a "daily order
10 summary" will print, and that contains the previous 24
11 hours' worth of orders, and those new medical orders
12 that I talked about get taken out of the chart and
13 replaced with the permanent document, so there's three
14 or four check points; one at the beginning of each of
15 the shifts, one after midnight and as the orders are
16 entered on the in-patient side, as the orders are
17 entered, a new medical order prints.

18 Q. So for orders that are entered, there
19 are numerous -- aside from somebody checking the
20 system, there are four times in a day when those orders
21 will print out in some form or other to prompt somebody
22 that there are orders?

23 A. Yes.

24 Q. Thank you, those are my questions.

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CROSS-EXAMINATION BY THE CORONER:

Q. I'm sure the jury have some questions. I have just one to ask you beforehand. It's a little bit out of turn, but you can perhaps help. I know that the Paediatric Review Committee that looked at this death, and there will be a representative testifying at the inquest. One of the things they commented on was that we know in this case that the orders were on the computer in the suspended mode, we can tell obviously from the documentation what time Lisa was admitted to the floor, and we know that in this particular case, they were never activated.

In terms of future prevention, because that's what this is all about, the committee wondered had the Hospital for Sick Kids done any study or is it possible to do a study that looks at the time that the patient was admitted to the floor physically and the interval time between that and when orders are activated. Is that possible to do that?

A. That is possible to do that. You have to also look at the variables that would come into play to make sure that the data that you collect is meaningful, because there will be variabilities about the time that

1 the admission is done, the time to transport the
2 patient, the time to -- the nurse to do the assessment,
3 if the patient's condition is stable.

4 Q. I think all the committee are wondering,
5 we know that this -- they were not activated on this
6 occasion. The committee are wondering is this a purely
7 isolated occurrence or how often does this happen in
8 the Hospital for Sick Kids, and what is the average
9 time interval between the patient physically going on
10 the floor and my knowledge of going on the floor, they
11 will -- a nurse will write down what time the patient
12 was received, and I don't think anyone feels that they
13 may not be busy doing something else, that they have to
14 immediately activate the orders, but I think the
15 committee are concerned that obviously the intention of
16 the orders is for them to be activated in a reasonable
17 time and I think most people would say that probably is
18 somewhere within a half an hour of being admitted,
19 since obviously you don't know what's happened to the
20 patient.

21 They think it would be worthwhile in
22 your institution monitoring to see if there's a greater
23 time lag in that activation in other cases, as well,
24 and I just wonder if when that's presented to the jury

1 by the Paediatric Review Committee, if that's a
2 recommendation they put forward, is that a feasible
3 study to carry out?

4 A. Whether the system can capture that
5 data? Is that what you're asking, can the system
6 capture that data for them?

7 Q. Well, let's say that in this case that
8 Lisa, we know what time she physically got to the ward,
9 and let's say half an hour later I activated those
10 orders, does the computer tell me, then, the time I've
11 activated those orders ---

12 A. It does tell you that.

13 Q. --- because it automatically, when I
14 activate it, it prints out the orders, correct?

15 A. It tells you the time that they ---

16 Q. So therefore I can tell the time they
17 were activated, and I can tell the time that the
18 patient was physically admitted and therefore I can
19 tell the difference between them, so therefore that's a
20 feasible study.

21 A. It could be done, and we haven't done
22 that study because we have the other check points that
23 we instituted, but it could be done.

24 A. Thank you. Sorry, if you have a

1 question arising from that, I have no problem.

2

3 RE-EXAMINATION BY MR. HAWKINS:

4 Q. Ma'am, the admission time that the
5 computer captures is the time that the admitting clerk
6 puts the patient as admitted or notes the patient as
7 admitted?

8 A. The computer does.

9 Q. Okay. And is that necessarily the time
10 that the patient arrives on the floor?

11 A. Not necessarily. If it's done, no.

12 THE CORONER: That wasn't my point, Mr.
13 Hawkins.

14 MR. HAWKINS: No, well I -- I think there
15 are two questions here, Dr. Cairns; one is,
16 is it possible to do that kind of audit,
17 which I think she has testified that it is
18 possible. The next question is, from a
19 systems perspective recognizing the
20 variables, is that kind of audit helpful?

21 THE CORONER: All I'm saying is the
22 Paediatric Review Committee feel it would be
23 helpful in that if we take this case, there
24 is a progress note indicating by the nurse

1 when she's admitted to the floor, that she
2 was physically admitted to the floor at 1:50
3 a.m., so that's nothing to do with the
4 central admission.

5 MR. HAWKINS: No, I ---

6 THE CORONER: That's when she physically
7 arrived on the ward.

8 MR. HAWKINS: Yes, but -- I understand, but
9 what Ms. Warren has indicated is the time
10 that the nurse has recorded as physical
11 arrival on the unit is not the same as the
12 time that the clerk in emergency, the unit
13 clerk in the Emergency Department notes the
14 patient as admitted, because then the patient
15 has to transfer to the floor and depending on
16 the type of patient, that's going to take
17 time, and so my question for her -- I think
18 you asked her the question "is it possible;"
19 my question is, is it helpful, which is the
20 Paediatric Review Committee I accept is
21 saying it's helpful, I wanted to ask Nurse --
22 Ms. Warren if she thinks it's helpful, which
23 I don't think you asked her.

24 THE CORONER: No, I didn't ask her if she

1 thought it was helpful, you're quite right,
2 so ...

3

4 BY MR. HAWKINS:

5 Q. You've heard the dialogue between Dr.
6 Cairns and I, is that type of audit helpful?

7 A. Well, based on those variables, half of
8 -- half of the information would have to be collected
9 on paper and half in the computer, because the system
10 time that's captured is the time that they're admitted
11 and then the paper time is the actual arrival, and then
12 half of it is in the computer as far as the activation
13 goes.

14 THE CORONER: I would agree that this could
15 not be done by a computer audit, it would
16 entail some of the old fashioned way of
17 auditing by actually looking at paper and I
18 know we we're becoming a paperless society,
19 but some of the concerns that may be arising
20 in this case is that maybe we should not
21 become a paperless society quite so quickly.

22 And I think the committee wonder, does
23 this mean that children are sitting on the
24 ward for four or five hours, and if this is

1 an isolated -- the only time it happened,
2 let's hope that's the case, but surely if you
3 did a study and found out it was happening
4 more frequently, it would alert you to
5 further need for education or some direct
6 indication that it was mandatory to activate
7 this within a certain time.

8 MR. GOMBERG: Does she know, by the way;
9 nobody's asked her whether this is an
10 isolated incident.

11 THE CORONER: Are you aware of -- does the
12 Hospital for Sick Kids, have they any studies
13 or are they aware of any problems existing
14 between delay in activating computer orders?

15 THE DEPONENT: As far as I personally am
16 aware, this is the only incident that I'm
17 aware of.

18 THE CORONER: Are you aware if the hospital
19 has looked at this situation?

20 THE DEPONENT: If we're collecting the
21 statistics for the delays, I'm not aware of
22 that.

23 THE CORONER: Does the jury have questions?

24 JUROR #2: I have a question.

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CROSS-EXAMINATION BY THE JURY

BY JUROR #2:

Q. If I could just go back to when Mr. Hawkins was speaking to you, I'm afraid I got a little lost in all that. When you were saying about going to the admissions desk, that there's a printout and that there's a printout at 12:00 midnight and was that in effect when Lisa was admitted?

A. The printout that ---

Q. The printout for the flag to the nurses that there would be something on Kidcom?

A. Yes.

Q. Where did she fall in that?

A. The orders were put in the day before.

Q. Right.

A. And she was admitted the day after, and that report would have captured the previous 24 hours, of which she was not an in-patient.

Q. So nothing went to the nurses station with a red flag saying that there was Kidcom orders, am I correct?

A. There -- she would not have qualified for that daily order summary report.

1 Q. Okay, I just wanted to make sure. So
2 Lisa herself did not -- was not affected by those -- by
3 the prompts that you referred to?

4 A. That daily order summary that printed
5 out, she did not qualify for that. The patient care
6 summary in the morning time, the orders would have
7 printed on that.

8 Q. Okay, I have a couple of other
9 questions, if I may? In reference to your role as an
10 educator, when you're training the nurses, do you
11 instruct them that they have to wait for the doctor's
12 phone call?

13 A. No. The instruction is exactly the
14 handout that you got ---

15 Q. Yes.

16 A. --- admissions from emerg.

17 Q. I know, but when you're holding the
18 training session with the nurses, do you say to them,
19 you have to wait for the doctor's phone call?

20 A. The instruction is that, as it says,
21 step one, the physician will put the orders into
22 Kidcom, they should phone. If the nurse does not
23 receive a phone call, she's to look in the computer
24 system for orders.

1 Q. Okay. So you train them to anticipate
2 the orders and to receive the orders, basically?

3 A. Yes.

4 Q. Okay. How long is the training session
5 that the nurses take?

6 A. The nurses get an eight-hour day.

7 Q. An eight-hour day when you're on the
8 Kidcom. And is it mandatory?

9 A. Yes.

10 Q. I think it was answered before that it
11 is mandatory.

12 A. Yes.

13 Q. And do you consider it a thorough
14 program, that after the eight hours that they're fully
15 effective and efficient on the program?

16 A. They are trained in the functionality
17 that they are required to use from Kidcom.

18 Q. Through both the training session and
19 the admissions from emergency Kidcom orders, is it fair
20 to say that ultimately the nurses are accountable for
21 accessing the orders?

22 A. They are one of the steps in the
23 process. They are one of the check points in the
24 process.

1 Q. Okay. What is the purpose of activating
2 the orders?

3 A. It initiates them so that if there are
4 any requisitions that need to be printed at this time,
5 they go to the appropriate department and it also
6 transcribes it as active orders into the medication
7 record, if there are medications to be given.

8 Q. And to the nurses, is there any purpose
9 to activating them, as far as the nurses are concerned?

10 A. Is there -- sorry?

11 Q. Any purpose to activating them?

12 A. Well, the nurse -- yes, the orders
13 should be activated to put them in use.

14 Q. And I believe I have one other question.
15 Are there any occasions when accessing Kidcom is not
16 considered a necessity? Is there any time when it's
17 really not necessary for them to access the Kidcom?

18 A. In what context?

19 Q. Well, is there any situation where a
20 Kidcom order could be put into the computer and the
21 nurse would feel, well, it's not really necessary to
22 activate them? Is there any kind of situation that you
23 could think of where they could justify not activating?

24 A. I think that question would be better

1 asked -- answered by the nurses.

2 Q. Okay. But in training, you probably --
3 do you basically train the nurses that all patients
4 have Kidcom orders, phone call or not they should be
5 accessed and activated so that they can proceed, is
6 that the basic training?

7 A. For admissions from emerg, they're
8 taught that one of the ways that orders can be put into
9 the computer system is that the physician can go down
10 to the Emergency Department, that there should be a
11 phone call up and that they should look for orders in
12 the computer system.

13 Q. Aside from the Kidcom orders, in Lisa's
14 case, in particular, I'm sure this was asked before,
15 there's no other way that the nurse would know
16 specifically they're the -- I believe it's order number
17 240 and 241 where the doctor has to personalize it to
18 the patient, they would have no other way of knowing
19 what the doctor had personalized it to, if breaths
20 under -- respiration under 3, they'd have no other way
21 of knowing that by looking at the emergency room, like,
22 the only way of getting some information is through
23 Kidcom?

24 A. Well, the orders for the in-patient

1 phase of their care, the orders are in Kidcom and so
2 they can look online at the orders and activate the
3 orders.

4 Q. Okay.

5 THE CORONER: Yes?

6

7 BY JUROR #5:

8 Q. Do you need a password to get in your
9 Kidcom?

10 A. Yes. Everybody receives their own
11 personal access code, which becomes their legal
12 electronic signature and that records any entries or
13 changes that are made in the system.

14 Q. So would that record that there was a
15 password used to get into that, that day?

16 A. Not to get in, only if there's an entry
17 or a change made.

18 Q. Or to look at it?

19 A. Not to look at it.

20 Q. The password, you don't need a password
21 to look at the orders?

22 A. You do need to have a password to look
23 at and access information.

24 Q. Would that be recorded somewhere?

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A. Recorded that somebody looked?

THE CORONER: I have one other question and it's with regard to the investigation of Lisa's death. When her death was being investigated, I'm aware that the family asked for a copy of the full medical file, and I'm aware that our office asked for a full copy of the medical file, and we're under the understanding that that is what we received, and I have at this time no reason to believe that Sick Kids at that time were under any impression that they had given us anything but the full record.

It transpires that, in fact, they had not given us the full record because when the record was printed out it does not print out anything that is in the suspended mode. That caused tremendous difficulties in the investigation, it delayed the investigation, and I'm wondering if you can, or do we need someone else to comment if that is a loophole?

It's my understanding someone at Sick Kids at some stage triggered, my goodness,

1 there should be orders and they're not there,
2 but in the normal course of events, it is my
3 understanding that the Medical Hospital
4 Records Department will print out the chart,
5 but it does not print out suspended orders.

6 THE DEPONENT: It will print out suspended
7 orders.

8 THE CORONER: Why didn't it print out
9 suspended orders when we asked for the chart
10 in this case?

11 THE DEPONENT: The -- on the -- for the
12 discharge part? What happens is, she ---

13 THE CORONER: No, obviously in the old days
14 when we would seize a chart, we would have
15 everything that had been recorded on that
16 chart in a paper fashion at the time we
17 seized it. There may be lab reports come in
18 after we've seized it and they would have
19 been forwarded to us.

20 When we received a hard copy of this
21 chart, there was an assumption made by the
22 Coroner who was investigating this case that
23 that was the full chart. I do not think I'm
24 speaking out of line. My understanding from

1 speaking to the Shores is that when they
2 received a copy of the chart, they also were
3 of the impression that that was the full
4 chart, and it wasn't until January when this
5 was printed out that, in fact, we obtained
6 that, and there was some explanation that it
7 wouldn't automatically print out suspended
8 orders, which seems to have happened in this
9 case. Is that still the situation today?

10 THE DEPONENT: The step 10 that was added in
11 here would print out all suspended orders for
12 any patients that were admitted. The reason
13 why that document wasn't there for Lisa was
14 because she was admitted after the time where
15 that particular report would pick that
16 particular piece of information up.

17 THE CORONER: But what you are at least
18 telling me now that, that issue, which was a
19 serious issue in this case, has been
20 corrected because automatically when an order
21 is written, there will be a hard copy of it
22 in the suspended form that we got?

23 THE DEPONENT: That's right.

24 THE CORONER: Any further questions?

1 JUROR #1: Yes, I have a couple of
2 questions.

3 THE CORONER: Yes, sorry.
4

5 BY JUROR #1:

6 Q. As you talk about charts and files, I'm
7 not so very cognizant. You talked about the doctors
8 flagging the orders.

9 A. That's correct.

10 Q. And that was the situation then and it
11 is the situation now, that when a nurse sees an order
12 for medication, or is it any kind of order for any
13 treatment?

14 A. When they're an in-patient?

15 Q. When they're on a ward, yes. When
16 they're an in-patient, for their medication.

17 A. When the order prints out, that's right,
18 and it gets put into the doctor's order section of the
19 chart and the red flag is pulled, then that indicates
20 that there is any type of order that was written to
21 look at.

22 Q. I'm speaking -- okay, and I understand
23 it is flagged when a doctor will order new medications?

24 A. Any type of order that is put in the

1 system when there's ---

2 Q. So for continuing ongoing orders it will
3 always be flagged. On October 21st and 22nd, 1998, was
4 that done manually or was that done through the Kidcom
5 system, the flagging?

6 A. For the suspended admission orders?

7 Q. Well, suspended or un-suspended, when a
8 doctor wished to alter his treatment program, or add or
9 take away a medication and you have the system of
10 flagging, I suppose, so that a nurse understands that
11 there's a change and she -- for in the instance of
12 meds, she must order medication from another area of
13 the hospital, I would assume, from what I heard you
14 say.

15 A. So if they are an in-patient, then the
16 order will print out on the nursing unit and will be
17 placed in the doctor's order section of the chart and
18 the flag pulled.

19 Q. Okay.

20 A. In the case of -- if they are admitted
21 from emerg ---

22 Q. Is that presently?

23 A. Yes.

24 Q. And that is done through the --

1 completely through the Kidcom now?

2 A. The orders are written in the computer
3 system, but a paper copy of the order gets printed out
4 and placed in the paper chart.

5 Q. A paper copy. Okay, it gets placed in
6 the paper chart. Okay, okay. So there is a safeguard
7 now that if there are any changes or deletions to a
8 patient's program whilst they are on the ward and being
9 -- I believe -- what is the term used, "admitted" or --
10 no, "in-care?" In-care.

11 A. So when they're on the ward, the process
12 has always been that when the physician writes the
13 order that the paper copy of the order prints out and
14 the red flag is pulled, so that has always been.

15 Q. That has always been the situation.
16 Okay. And am I to take it that every nurse on the
17 wards are trained in the Kidcom system?

18 A. That is correct.

19 Q. And do you know if programming can
20 provide a system whereby whenever that the orders are
21 looked at by anyone, and I recognize only eligible
22 people can look, that that can be noted?

23 A. When somebody looks at the system?

24 Q. When someone looks at it, when someone

1 eyeballs it, yes.

2 A. I don't know.

3 Q. Okay.

4 A. The system can't right now. Whether the
5 programming can be changed, I'm not a technical person
6 to tell you whether it can be changed.

7 Q. Okay. And I understand that the written
8 orders are for the emergency nurses only, is that
9 correct?

10 A. The orders for the Emergency Department
11 are written on paper.

12 Q. And those written orders that Dr. Schily
13 wrote for Lisa, they were to be used only in Emergency?

14 A. That's correct, and then the orders for
15 the in-patient side go in the computer.

16 Q. That's the word I couldn't get a moment
17 ago, "in-patient," okay. Now -- however, those orders,
18 those written orders did go up with Lisa, did they not,
19 to 5A?

20 A. The whole chart would have gone up.
21 They'll ask for sure if the nursing staff would have
22 got them.

23 Q. And you said that therefore the
24 emergency nurses only; does that mean that the nurses

1 on -- in Lisa's case or even today are to ignore those
2 written orders that were used in emergency?

3 A. That is a nursing process and a nursing
4 practice that you should ask the nurses.

5 Q. I should ask that to a nurse, okay. And
6 I think I had one more question. Oh, yes, when a
7 patient is in emergency, there is always going to be
8 some kind of a time lapse when a patient is admitted
9 through emergency. How does the patient get care from
10 the time they leave emerg and the time they get to --
11 so in Lisa's case there was quite a time lapse from the
12 written orders to the time -- to the Kidcom, to the
13 time she went up onto ward 5A?

14 A. So for the time that she was in the
15 Emergency Department, those orders for the emergency
16 nurses would have been written on a paper for that
17 phase of her care, and then the orders in the computer
18 system are for the in-patient side of her care, so for
19 the duration that she was in emerg, those orders are on
20 paper for that part of her care.

21 Q. I have another question, I think. I've
22 forgotten it for the moment, so ... That's fine.

23 THE CORONER: Yes.

24

1 BY JUROR #3:

2 Q. In your Kidcom orders, number 10,
3 "suspended orders print on the nursing unit when the
4 patient is admitted." What does it show on that
5 printout?

6 A. I'm sorry, what document are you looking
7 at?

8 MR. GOMBERG: Number 10 of the flow chart.

9 THE DEPONENT: The whole thing, sorry. Yes?
10 Okay.

11
12 BY JUROR #3:

13 Q. What does it tells (sic) you?

14 A. It would print out the whole orders. It
15 would print out all of the orders that were put in
16 suspended mode. It would print out something that
17 looked like this, only it would be labelled as a new
18 medical order, but it would have this information here
19 of who entered it.

20 Q. So if it prints out everything, then on
21 this number 12, even though the -- somebody that
22 activates it, somebody must have seen all the doctor's
23 orders?

24 A. They would see them on paper, yes, and

1 then it's just another check point to -- in the process
2 to alert the nurse that there are orders to activate.

3 Q. Another thing, you had mentioned that
4 the nurse can look at the Kidcom. When you say "look
5 at it," does it mean she can read the orders?

6 A. Yes.

7 Q. She can read the orders from the
8 computer?

9 A. She can sign into the system and look at
10 the orders, yes.

11
12 BY JUROR #5:

13 Q. But it's not recorded?

14 A. It's not recorded.

15 Q. Her signing in or ---

16 A. Only when there's an entry or change
17 that is made.

18 Q. The password is not recorded either?
19 From 2:00 to 1:00, so many people activated the
20 computer, entered the computer, would it say so many
21 passwords, would it tell you?

22 A. The only thing it would tell you is if
23 somebody made an entry or a change on a patient's
24 chart.

1 Q. That's all?

2 A. That's all.

3 JUROR #1: I have another question.

4

5 BY JUROR #1:

6 Q. Is there ever a patient that is admitted
7 to a ward that doesn't have a Kidcom order?

8 A. Have Kidcom orders?

9 Q. Have a Kidcom -- is there ever, is there
10 any case where a patient might be admitted to a floor
11 and not have a Kidcom order?

12 A. There could be a scenario where the
13 physician could wait until the patient is admitted to
14 write them, but again, you would probably be best to
15 ask the nurses that ---

16 Q. I understand that, okay.

17 A. --- if they have that, but it could ---

18 Q. If the physician waited, then, say the
19 physician could wait until admission, would there be
20 any case where once a youngster is admitted to a floor,
21 okay, let's say after the admission, which is to use
22 your word "after the admission," where they would not
23 have a Kidcom order?

24 A. There could be a scenario where the

1 physician does not go down -- does not write admission
2 orders while they're in emerg. They could ---

3 Q. I'm not speaking about when the
4 youngster is in emerg.

5 A. Yeah, so, like, there's that scenario
6 and then there's the scenario where the patient comes
7 up to the floor and after they're admitted the
8 physician can write orders at that time.

9 THE CORONER: I don't think you're following
10 the ---

11
12 BY JUROR #1:

13 Q. Okay. I know the physician has the
14 ability to ---

15 A. Oh, I'm sorry, am I not?

16 Q. --- write orders at any time, but I'm
17 asking if there is ever a situation where a child is
18 admitted to a ward in your hospital where they do not
19 have a Kidcom order, either before they make it up to
20 the ward or after they're admitted and physically in
21 that ward? Can you tell me a scenario where a
22 youngster in your hospital, if this ---

23 A. Would not have any orders written?

24 Q. Yes.

1 A. I can't comment to that.

2 THE CORONER: I think what the jury member
3 is asking is that a child who is an in-
4 patient in the Hospital for Sick Kids, as it
5 stands today, and as it stood when Lisa was
6 an in-patient, if a doctor is at any one of
7 these stations, the only way a doctor can
8 write orders for any patient is to enter
9 those orders on the Kidcom. If they are an
10 in-patient, he cannot do what they used to be
11 able to do in the old days where they could
12 write out on a piece of paper orders, or
13 where they could telephone in orders, any
14 order for an in-patient will, by default,
15 must be on the Kidcom system?

16 THE DEPONENT: That is our hospital policy
17 that all in-patient orders should be written
18 in the computer. They could ---

19 THE CORONER: That's what we're asking.

20 THE DEPONENT: They could do a telephone or
21 verbal order to a nurse just like they used
22 to be able to and the nurse can go in and
23 enter that phone order for the physician.
24 They could write the order on paper and the

1 nurse enter it in, but that is not the
2 practice.

3

4 BY JUROR #1:

5 Q. That doesn't answer my question. My
6 question is, is there ever a child admitted to a ward
7 that doesn't have Kidcom orders on them?

8 A. That would never have any order written?
9 I would -- if they're here, they would have ---

10 Q. So every child admitted to a floor in
11 your hospital has a Kidcom order?

12 A. I can't say with absolute, but that
13 would be ---

14 Q. Well, it wasn't exactly clear from
15 earlier testimony that you gave if that was -- that is
16 the case. So is it -- can I be clear now that every
17 child admitted to the hospital has a Kidcom order on
18 them?

19 A. If a physician writes an order for that
20 patient, yes, they would.

21 Q. So would there ever be a scenario where
22 there would be a youngster admitted to your hospital
23 where a physician would not write an order, that an
24 order would not be required?

1 A. I can't say for absolute certainty, it
2 could ---

3 Q. Do you know where I could have my
4 question answered?

5 A. You could probably answer -- ask the
6 nursing staff.

7 Q. A nurse?

8 A. Mm-hmm.

9 Q. Thank you.

10 THE CORONER: Any further questions to the
11 witness?

12 MR. HAWKINS: Just one, briefly following up
13 on that, and I think maybe we're dealing with
14 a timing thing.

15

16 RE-EXAMINATION BY MR. HAWKINS:

17 Q. If the physician writes the order in the
18 Emergency Department on Kidcom, that order is on the
19 system when the patient is transferred to the ward?

20 A. That is correct.

21 Q. Okay. But the physician can also wait
22 until the patient gets to the ward and then sometime
23 after arrival write the order?

24 A. That is correct.

1 Q. Okay. So the patient might physically
2 arrive without an order, but then an order will be made
3 afterwards?

4 A. That's right.

5 Q. Okay.

6 JUROR #1: Oh, I quite understand that, Mr.
7 Hawkins.

8 MR. HAWKINS: Okay.

9 JUROR #1: I quite understand that. That
10 wasn't my question.

11 MR. HAWKINS: Okay.

12 JUROR #1: I'll have to try to make myself
13 clearer to one of the nursing staff.

14 THE CORONER: Thank you. The witness may
15 step down. I think it's a reasonable time to
16 adjourn for the day. If I could perhaps meet
17 with Counsel in the little board room we have
18 in about five minutes?

19 MR. KRKACHOVSKI: I'll raise what I have to
20 raise in the meeting, Mr. Coroner.

21 THE CORONER: That's fine, thank you. We'll
22 adjourn until 9:30 tomorrow morning.

23

24

1 --- ADJOURNED.

2

3

4

5

6 THIS IS TO CERTIFY that the foregoing is
7 a true and accurate transcription of my
8 recording and notes, to the best of
9 my skill and ability.

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