
NAME OF INTERVIEWEE: Susan Anderson, Applications Director
PLACE OF WORK: The Hospital for Sick Children
DATE INTERVIEWED: September 27, 2000
INTERVIEWED BY: C. Flear, CNO Investigator

INTERVIEW SUMMARY: In Person

Background Information:

Susan Anderson started working at The Hospital for Sick Children (HSC) as a consultant for a re-engineering project with the labs in June 1996, and as an employee in June, 1997. She has been in the role of Application Director for about 2.5 years. She has a background in information technology. Ms Anderson will be leaving HSC for a new position at the end of October 2000.

The Kidcom System:

Ms Anderson explained that the Kidcom system; which has been in existence now for about 20 years, was installed at HSC in 1992. This was just prior to the opening of the new hospital. Eclipsys provides the system for Kidcom. The system can produce a detailed print on any input or output in the system, such as the number of visits to the ER by a patient, and all transactions including nurse charting. The print out is not as comprehensive as the paper record of patient visits. The legal patient chart includes the paper chart as well as the electronic record.

An audit trail can be produced which can identify who made changes in the system, when (date and time) and where (at what work station).

Ms Anderson explained that the system cannot track when someone has logged on and just looked at patient data. If no changes are made to a record, no tracking can be recorded. An audit trail can show that the person logged on, but not what the person looked at. All staff sign a confidentiality waiver in which they agree to only look at the records of patients under their care.

Use of the Kidcom System in the ER:

The doctor's orders in the ER are still hand-written orders. Some triage information, registration information, and laboratory ordering is entered in the Kidcom system to be used while the patient is being treated in the ER.

Susan Anderson, Applications Director -2-

Suspended admission orders can be entered by the doctor at a work station in the ER or anywhere else in the hospital. There are approximately 600 clinical workstations located in the hospital. In October 1998, the admitting orders remained in suspended mode in the system until they were activated by a staff member on the unit to which the patient was being admitted.

The doctor uses a mouse or a light pen to navigate the screens. Each person who accesses the system has a unique sign-on code which consists of a user id and pass word. Staff are trained in the correct procedure for logging on the system. Once on line, and the patient is registered, the doctor can bring up the patient's electronic chart, and enter suspended orders. These admitting orders are never automatically.

There was no easy way in fall of 1998 for the ER nurses to go into the system to check for suspended orders on patients registered and still in emergency.

The Admission of Patients:

Patients are electronically admitted to the hospital, in that their out-patient ER status is changed to in-patient status, and they are given a bed allocation. This gives them visibility on the unit.

At the point of admission, nurses on the admitting unit received a phone call from the ER that the patient is ready to go to the unit. A paper chart comes with the patient and contains the doctor's orders and the activities carried out for the patient in the ER. The expected practice is that the admitting orders suspended in the system be activated by nursing staff on the admitting unit.

In Lisa Shore's case, the doctor who saw her in the ER wrote in his hand-written orders, "see Kidcom orders". This was not necessary in that nurses were expected to access and activate the Kidcom orders when Lisa was admitted to the unit.

Other Functions of the Kidcom System as They Relate to the Lisa Shore Matter:

A Daily Orders Summary automatically printed on each patient in each unit at midnight. It includes a list of all of the orders written within the last 24 hours. The audit trail printed for Lisa Shore showed that she was admitted - her status was changed in the system from out-patient to in-patient - at 0135 hours on October 22, 1998, by Sheila Elliot, Information Worker. Since Lisa was admitted to the unit after midnight, a Daily Orders Summary was not printed for her.

The audit trail also shows that the suspended orders entered by Dr. Lobo and Dr. Schily in the ER, prior to Lisa's admission to Unit 5A, were not activated. These orders could have been looked at, but since there was no changes made to the orders (ie: activated) no audit trail of this is available.

Suspended orders sit in the system in suspended mode until activated by a nurse. The sign-on code given to staff allows them certain privileges regarding access to the chart.

A Patient Care Summary automatically prints off for each in-patient on the unit around 0630 and 1830 hours. This summary is used by the nurses as a work sheet so that they

Susan Anderson, Applications Director -3-

know what care the patients assigned to them require. It is not part of the patient's permanent record. The Patient Care Summary which printed off automatically for Lisa Shore on the morning of October 22, 1998, would have shown that all of her orders were still suspended - not yet activated. Her Patient Care Summary printed that morning was discarded.

The audit trail shows that an assessment function was carried out for Lisa by Ruth Doerksen, RN, at about 0205 hours. This function involves 10 to 12 screens that need to be completed by the nurse, and include the patient's weight and health status. The audit trail shows that Kidcom was accessed by Ms Doerksen at this time.

She noted that in regard to the Lisa Shore matter, one of the nurses on the unit (Ruth Doerksen) printed off a copy of Lisa's Patient Care Summary a couple of days after her death [per testimony by Ruth during the inquest hearings]. The audit trail could indicate that a report was requested by whom and where, but not the content of the report. This audit trail is kept for only 6 months, then the tape is reused (copied over).

When new suspended orders are entered on a patient, there is no visible alert on the KIDCOM system that there are new orders. Nurses are trained, especially with new admissions, to check the system for orders for that patient and to activate them. Suspended orders intended for the admitting unit can not be activated in the ER.

A Discharge Report is issued automatically when a patient is discharged or expires.

Follow-up by Information Services in Regard to the Lisa Shore Matter:

Prior to the death of Lisa Shore, Information Services had not been asked to track reports before.

Susan Anderson did not hear anything regarding the Lisa Shore matter until she was asked by Lynne Turner, Director of Health Records, to reproduce parts of Lisa's electronic chart. This request was made in January 1999. The hospital had discovered that the admitting orders entered for Lisa from the ER had not been included in the paper chart sent to the coroner's office.

This situation raised questions as to whether this had been an unique situation, or did it happen more often than thought. They went back and checked for the month of January 1999 on all the patients on Unit 5A to see if discontinued orders were activated or discontinued or not. They discovered that only a handful of cases where patients had been admitted and still had suspended orders; this was not a common occurrence. Ms Anderson noted that sometimes a patient is admitted to a unit, and then the admitting orders are written. In these cases, the orders are not suspended in the system.

Susan Anderson, Applications Director -4-

About 25% of all patients admitted to Unit 5A are received from the ER. For example, in October 1998, 179 patients had been admitted to Unit 5A; of these 31 came from the ER.

Ms Anderson noted that any one individual nurse might not have a lot of experience with suspended orders. They went back and found that in October 1998, Anagaile Soriano had activate suspended orders on October 22nd and Ruth Doerksen had activated suspended orders on October 29th. During the same month, suspended orders had not been activated on 4 occasions. Three of these had logical explanations; the fourth one was Lisa Shore whose admitting orders had not been activated.

Ms Anderson reiterated that the nurses are trained to activate suspended orders.

Changes Made to the Kidcom System Since the Inquest Into the Death of Lisa Shore:

Some changes have been made to the Kidcom system at HSC since October 1998, the time of Lisa Shore's death. As of January 11, 2000, when a child is admitted to a unit from the ER, a report called Suspended Orders from Emergency automatically prints on the admitting unit. In October 1998, this did not happen.

A number of recommendations from the inquest were specific to the computer system. Steps are planned regarding addressing these recommendations. Some of these changes are in regard to the production of an audit trail, or the retention of such information as entering and changes to doctor's orders, and opening of orders.



Signature (Susan Anderson)

2000 - Oct - 24

Date