

NAME OF INTERVIEWEE: Jane van Alphen, Child Health Services Manager
Janice Campbell, Acting Director, Quality Management &
Risk Management

PLACE OF WORK: The Hospital for Sick Children

DATE INTERVIEWED: September 6, 2000

INTERVIEWED BY: C. Flear, CNO Investigator

INTERVIEW SUMMARY: In Person

RE: Anagaile Soriano, RN and Ruth Doerksen, RN

Tour of Unit 5A:

This investigator took a tour of Unit 5A at The Hospital for Sick Children. Present on the tour was Jane van Alphen, Child Health Services Manager, and Janice Campbell, Acting Director of Quality Management and Risk Management.

Ms van Alphen and Ms Campbell explained that Units 5A\B are separate units with their own centrally located nursing station. They are joined by a hallway, and a couple of the rooms on this hallway are considered to be "swing rooms"; patients located in these rooms can be part of the census of either 5A or 5B depending on the accommodation needs of these units. Units 5A\B admit surgical patients from orthopaedics, general surgery, and ENT (ears, nose and throat). Unit 5A tends to admit primarily orthopaedic and ENT patients.

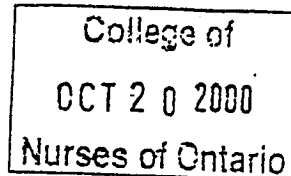
Units 5A\B are staffed by an RN team who care for patients on either unit depending on staffing needs. The nurses on Unit 5A are experienced with the use of PCA (patient controlled analgesia) pumps. The nurses at The Hospital for Sick Children are not unionized.

Ms Campbell presented a map that she had drawn (not to scale) of unit 5A, showing the layout of the unit. She explained that she put an "X" in the rooms where there were patients present on the night that Lisa Shore was admitted to the unit (October 1998).

This investigator was shown room 5B47, the room to which Lisa was admitted from the emergency department. Ms Campbell noted that photographs were taken of the room, and she will provide the College with a copy.

Jane van Alphen, Manager
& Janice Campbell, Acting Director
Re: Anagaile Soriano, RN, and Ruth Doerksen, RN

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Unit 5A is a 24 bed unit. It contains 20 private patient rooms. Each of the private rooms contain a bed for the patient, a couch that converts to a bed if a parent wants to sleep over, and a private bathroom. This unit also contains a 4 bed constant care room.

On the night of Lisa Shore's admission to Unit 5A, there were 9 patients on the unit, and 4 patients in the constant care room. On the night of Lisa's admission, there was 1 nurse in the constant care room, and 2 nurses (Anagaile Soriano and Ruth Doerksen) working on the floor. There was a patient in room 49, 47 (Lisa's room) and 46. Room 5A37 is a staff lounge. A nurse taking a break can hear the overhead paging in the lounge.

Demonstration of the Operation of a Corometric Monitor:

A corometric monitor was present in room 5B47. In order to show the operation of this monitor, Ms van Alphen left the room, and returned a few minutes later with leads applied to her chest. The leads were attached to the monitor, and the monitor was turned on. The monitor made one, fairly loud beep when it was turned on, and a number of lights flashed on and off. The monitor gave a numerical value for Ms van Alphen's heart rate.

This investigator was shown that underneath the monitor, is a flap door that must be pried open (it did not open easily). Under the flap were 3 small dials which are used to set the limits for the alarms for the heart rate and for the respiratory rate. It was explained that one dial is used to set the upper limit for the heart rate, another dial sets the lower limit for the heart rate, and the third dial is for the apnea monitor. Once these limits are set, the monitor will alarm if the heart rate goes above or below, or if the breathing rate drops below, the limit set.

In order to demonstrate the monitor alarming, Martha King, RN, assisted by setting the upper heart rate limit to a value lower than Ms van Alphen's current heart rate. The monitor alarmed by ringing in a loud and constant piercing sound. After the monitor alarmed, a red light remained on indicating that the limit set for the upper value of the heart rate had alarmed.

Martha King and Ms Campbell explained that the apnea alarm can be turned off; the alarm for the heart rate cannot be turned off.

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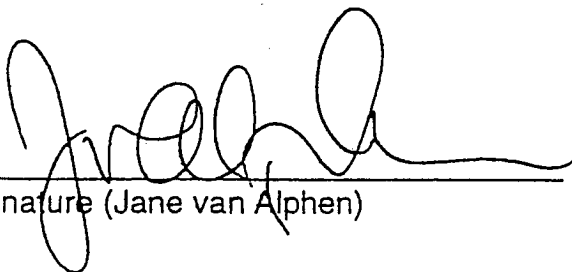
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Ms Campbell explained that the Corometric monitors are designed for ^{infants 9C} neonates, and so the monitoring of the respiratory rate does not work as well on older children. They are designed to pick up the chest movement of infants. However, these monitors work well in reading the heart rate of both younger and older children. There are 3 leads for this monitor. Two leads go on either side of the upper chest; the third lead, or ground, goes to the lower torso. The sticker showing a diagram of where the leads are to be attached on an infant are new since Lisa's Shore's death. They were not on the monitors at the time of her admission to the unit. The Hospital will eventually be replacing the Corometric monitors with a monitor that is appropriate for all age groups.

All Corometric monitors have a control number. This number is recorded on the flow sheet used to document the patient's vital signs. These monitors did have a control number at the time of Lisa's death but it was not required to record them on the flow sheet.

The Corometric monitor sits on a small shelf just inside the doorway to the room. If an oxygen saturation monitor is also used on the patient, the Corometric monitor sits on top of the saturation monitor since it is smaller in size. Ms Campbell stated that it was her understanding that an oxygen saturation monitor was not used for Lisa Shore. The nurses on the unit during the night, routinely leave the door to the patient's room ajar, and turn the Corometric monitor so that the face of the monitor can be seen from the hallway.



Signature (Jane van Alphen)

Oct 17/2000
Date



Signature (Janice Campbell)

Oct 17/2000
Date

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