

Dr. Jean Reeder, R.N.

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NAME OF INTERVIEWEE: Dr. Jean Reeder  
PLACE OF WORK: N/A  
DATE INTERVIEWED: October 11, 2000  
INTERVIEWED BY: C. Flear, CNO Investigator  
PRESENT: Patrick Hawkins, lawyer  
Tracy Bardell, CNO Investigator

26 OCT 2000

INTERVIEW SUMMARY: In Person

Background Information:

Dr. Jean Reeder began her employment as Chief of Nursing at The Hospital for Sick Children on September 4, 1995. She responded to a job description faxed to her by a colleague, and spoke to a friend who was a paediatric general surgeon at The Hospital for Sick Children (HSC). After being interviewed on two occasions, she was hired mid-April, 1995.

When Dr. Reeder started at HSC as Chief of Nursing, the hospital had been without someone in this position for about 18 months. The role of Chief of Nursing at HSC was not the same as the traditional role of Vice President of Nursing. Dr. Reeder was to provide leadership and to shape the practice and culture of nursing at the hospital through nursing education and practice support, among many strategies.

As Chief of Nursing, Dr. Reeder was in a staff, not a line position. The Nurse Managers were responsible for the day to day operations of the units. Dr. Reeder was to work with the management side of patient operations. She had a vision of what nursing ought to be, and was there to help implement organizational change. For example, Dr. Reeder promoted and strengthened the role of alternative care givers such as Advanced Practice Nurses (APNs). Patient populations were identified where APNs could complement medical practitioners. There were about 40 APNs working at the hospital when she left the organization.

Dr. Reeder also articulated a vision for the future that all nurses working at HSC be BScN prepared. She helped to establish a scholarship program and flexible work arrangements for nurses who wanted to return to school.

Dr. Reeder was also available to assist Nurse Managers deal with issues related to nursing practice or professional misconduct on the units. The managers would consult with Dr. Reeder and together they would discuss problem solving steps that needed to be taken.

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Initially, Dr. Reeder reported directly to the CEO and President of the hospital. However, the operational side of the hospital was reorganized in 1996. Then Dr. Reeder had a dual accountability to the CEO and President, and to the Vice President of Child Health Services who was Mary Federau. She also attended all Board of Trustee meetings as a member of the Hospital Executive.

Dr. Reeder was a member of the hospital's leadership team. There was a lot of anxiety and uncertainty caused by talk within the organization of down-sizing and reorganization. In the past, nurses tended to stay at the hospital for many years. Dr. Reeder helped to promote the notion that nurses needed to take responsibility for managing their own careers. At the same time that nurses were concerned about job security, staffing was becoming more tight. Some nurses with many years of experience were leaving the hospital. This occurred around the beginning of the nursing shortage. The hospital began to hire nurses who were fresh out of school; those with a BScN preparation were preferred. At the same time that there was less stability in the culture, fresh energy with the influx of new nurses was also being introduced. All of these factors contributed to a tough work environment for those who did not adapt well to organizational change.

Mary Federau wanted to broaden the role of Nurse Manager. The hospital created the role of Child Health Services Managers (CHSM). Units were clustered together, and the CHSMs were responsible for all of the operations and services within their portfolio. The CHSMs, who did not need to have a nursing background, were not able to provide day to day leadership on the units like the former Nurse Managers were able to. In the past, for example, Unit 5A was a long term, general surgery floor. Now 5A services general surgery, orthopaedics, ENT, and dental patients. It is sistered with 5B which services the same types of patients, but the patients are more short stay. The nurses on 5B supplement the staffing on 5A and vice versa.

In 1996, the hospital experienced a drop in its census, and as a result, the experienced casual nurses were not getting enough work. Then in late 1997, the census went back up, and the hospital was caught with a shortage of nurses, especially in the critical care areas.

Dr. Reeder's Role as it Pertained to the Follow-up to the Death of Lisa Shore:

Dr. Reeder was not personally aware of nursing practice issues related to the care provided to Lisa Shore for several months after her death. A message had been left on her voice mail the day after Lisa died from one of the nurses on the pain service. The message mentioned that there may have been some concerns about a PCA pump malfunctioning. She was aware that this was a coroner's case. Management had the perception that since the coroner was involved, the hospital did not have access to the chart, and should await direction from the coroner's office. Dr. Reeder tried not to be involved in micro-managing patient related situations. If there were concerns, her expectation was that the Managers would bring these to her. In regard to Lisa Shore, Dr. Reeder would have normally expected to have received details earlier if there had been nursing practice concerns related to her death.

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In early 1999, several months after Lisa's death, Marion Stevens, Risk Manager had a brief discussion with her in the hallway at the hospital. The lawyer for the Shore family had written a letter of complaint to the coroners office. In January 1999, this letter was sent to Dr. Jim Wright, the orthopaedic doctor to whose service Lisa had been admitted at the time of her death. Risk Management was made aware of the letter around mid-January. Dr. Reeder estimated that Marion Stevens spoke to her in the hallway around the end of February 1999. By this time, Ms Stevens had already met with Cathy Seguin, Director, Surgical Specialites, the Manager of the unit, and the nurses who were involved in Lisa's care. They were just beginning to realize that this was going to be a more serious case than initially thought.

By this time, Dr. Reeder tried to backtrack and obtain some understanding of the circumstances regarding Lisas death. She found this to be very frustrating. Her expectation that she would be kept informed of such matters had not been met. She discovered that there had been gaps in communication between hospital staff, and between the hospital and the coroners office.

According to Dr. Reeder, the hospital as a whole did not manage the situation well, and particularly did not communicate well with the Shore family. This served to increase their suspicions regarding the quality of care provided to Lisa.

Dr. Reeder explained that the nursing staff on Unit 5A were not accustomed to dealing with unexpected deaths and coroner cases. She estimated that this was about the third unexpected death on the unit in about 11 years.

Dr. Reeder reiterated that she had no idea that there were practice issues related to Lisa's death until February 1999. She had been told that the focus of concern was on the morphine pump. There was also a long delay before the toxicology results were back. The hospital anticipated that these results would show an overdose of morphine, however, the results did not point to the cause her death. Pat Hawkins, the lawyer for the hospital, had advised Anagaile Soriano and Ruth Doerksen, the two nurses caring for Lisa at the time of her death, to not speak about this case to anyone. Therefore, when Dr. Reeder attempted to discuss this matter with them, they respectfully declined to do so.

Soon after news of concerns regarding the circumstances of Lisa's death started to circulate in the hospital, people began to comment about the experience of the baby deaths at HSC in which Susan Nelles, a nurse, was blamed. The long term nursing staff commented that they had not been supported by management during that investigation and articulated, "here we go again". Dr. Reeder believed that it was important to support all of the nurses through this experience.

She noted that there is a difference between supporting nurses and defending their actions. The nurses involved in Lisa's care admitted to making errors. This was obvious from reading the chart. Ruth Doerksen admitted to Mary Douglas, Nurse Educator, to turning off the alarm on Lisa's monitor, and not knowing why she did this. The vital signs that were taken on Lisa were incomplete. Perhaps Anagaile Soriano should have called Dr. Schily again when he did not respond to one of her

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pages; maybe she had dialled the wrong number.

In Dr. Reeder's opinion, Ruth Doerksen and Anagaile Soriano had admitted their mistakes, and engaged in reflective practice. They had otherwise been considered to be good nurses by their peers and management. Based on the facts available at the time, there was insufficient cause to terminate their employment. Although the nurses had made errors in judgement, they had demonstrated remorse, and a willingness to learn. Dr. Reeder's philosophical belief is that people should not be punished for their mistakes, when they demonstrate learning from their mistakes.

Dr. Reeder noted that she did not have hiring and firing responsibility for staff nurses. She could influence people's decisions. Cathy Seguin, Director, Surgical Specialities, agreed that there was insufficient cause for terminating the employment of these nurses.

The hospital had the understanding that the coroner's office had the original copy of Lisa's chart. It was later discovered in the hospital, Dr. Reeder thought in the pathology office. The perception by the CHS Manager and others was that the chart was in the coroner's office and unavailable. Dr. Reeder estimated that she looked at Lisa's chart in March 1999. Since she did not have a background in paediatric nursing, she asked Jennifer Stinson, an APN with the pain service, to go over the chart with her. It seemed obvious that the charting on the flow sheet was incomplete. However, Ms Soriano's attempts to contact the anaesthetist on-call were documented. Although the documentation was inadequate, and Lisa appeared to have periods of tachycardia and bradycardia, her vital signs appeared to normalize again. Lisa had not received any morphine while on Unit 5A.

Dr. Reeder attempted to determine if there was a cause and effect between the actions or inaction of the nurses in regard to Lisa's death. There was no toxicological cause of death. Dr. Reeder had some scepticism, based on past experiences at other facilities, where nurses are quick to be blamed when things go wrong. From her past experiences, she was aware that there are usually other medical and organizational factors which are involved when adverse outcomes occur and that it is not appropriate to solely blame the nurses. The entire system has to be examined, to ensure that the incident does not happen again.

Anagaile Soriano and Ruth Doerksen were placed on an administrative (paid) leave of absence prior to the start of the inquest. They were becoming increasingly anxious as the inquest approached and were placed on leave for the best interests of the patients and their emotional well-being.

According to Dr. Reeder, some details came to light while the nurses were questioned by Patrick Hawkins, the hospital lawyer, in preparation for the coroner's inquest. However, many of the details at the inquest were heard by her for the first time. She does not recall when she first learned about the Kidcom orders not being activated by the nurses caring for Lisa that night until the inquest. She also learned that there may have been a complex interaction between gabapentin, one of Lisa's regular medications, and morphine at the inquest. Dr. Reeder attended every day of the inquest, but was not available on the day the finding of the inquest was announced.

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Dr. Reeder was still employed by the hospital at the end of the inquest. The finding of homicide by the jury at the inquest shocked and horrified her, and had a negative effect on everyone at the hospital. Dr. Reeder, who was in Vancouver at the time the verdict was given, flew back to Toronto immediately.

Dr. Reeder has reflected on whether there was anything she should or could have done differently. She still believes that it is not about blame and punishment. She consulted with trusted colleagues on this issue. She still believes she did the right thing by treating people with respect, believing that they are innocent until proven guilty, and reflecting on what was not there to support the staff so they could do their job. Based on her discussions with the nurses and their supervisors, it never crossed her mind that these were bad nurses who had intentionally harmed Lisa.

Dr. Reeder noted that Mike Stofolino, President and CEO, was not involved in this matter until the press coverage got more intense. He is a very busy person, and did not provide much support to the staff or to her. It is Dr. Reeder's belief that the questioning at the inquest especially by Mr. Gomberg, lawyer for the Shore family, was biased, as was the media coverage. She indicated that it was totally untrue that the nurses killed Lisa Shore.

The nurses on unit 5A were familiar with dealing with patients with acute pain, not chronic pain. Dr. Schily did not write a history or physical on Lisa's chart. Therefore, the nurses were not knowledgeable of her history in regard to her diagnosis of Reflex Sympathetic Dystrophy. Dr. Schily did not call the unit and make sure the nurses were aware of the interaction between these drugs. She noted that anaesthetists do not normally admit patients to units. Usually when a patient on the unit slept, it was a good indication that the patient was not in pain.

Several staff had commented that Mrs. Shore made people feel uneasy. She came across as judgmental and defensive, and this may have effected the nurses on the unit that night in terms of their conversations with her.

There was a gap in the computer system in that the orders did not automatically print, and needed human interaction to get the orders. This did not happen that night.

Anagaile Soriano may have entered the wrong number when she paged Dr. Schily. She failed to follow-up with him when he did not answer her page.

Dr. Reeder heard astonishing stories at the inquest about a monitor not being in Lisa's room that night. She finds these stories exceedingly unbelievable.

Dr. Reeder never forgot that this was a family that had lost a child and to be sure it did not happen again.

In addition, Dr. Reeder believed that her role was to support the nurses as detailed earlier. Gaps in information regarding this case did not become apparent until the inquest occurred. She was also

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attempting to deal with the politics related to the reputation of a world class organization. She had no idea that Dr. Alan Goldbloom commented at the press conference held after the finding of the inquest was announced, that Dr. Reeder would conduct an investigation. The following week, Mr. Stofolino was recommending an external review be conducted and asked Dr. Reeder to identify possible experts. Dr. Reeder reviewed the guidelines from the College of Nurses of Ontario, and discussed the reporting obligations with Pam Marshall, Manager of Investigations at the College before and during the inquest. She was assured that she had no legal responsibility to report the nurses since their employment had not been terminated.

When Dr. Reeder learned from staff members that during a TV program, the Shore family were planning on complaining about 6 nurses to the College of Nurses including herself, Dr. Reeder picked up the phone and reported herself to the College. She did not want the Shore's to be the first to contact the College and malign her professionally. She wanted to have her name and professional reputation cleared by her regulatory body. She believes in the College's standards and mission. She did not want to give the Shore's the satisfaction of reporting her first.

Dr. Reeder wanted to provide leadership and support to the nurses at the hospital. In the past, she has seen too many nurses blamed without looking at the whole problem, and did not want to see this happen again.

She discussed with Mike Stofolino her philosophy regarding punishment and discipline versus learning and growing. They discussed limiting the activities of Ms Soriano and Ms Doerksen when they returned to work, and putting them through a preceptorship. She believed that these nurses had learned from their mistakes and that they would have to live with them. If she had to do it again, knowing what she knows now, Dr. Reeder might discipline these nurses, such as a probationary period or learning plan, but still believes that she would not fire them. They deserved a second chance. Doctors are given a second chance all of the time. There is no 100% guarantee in health care.

A few weeks after the conclusion of the inquest Dr. Reeder was visited by Dr. Alan Goldbloom. He explained that the hospital wanted to take nursing in a different direction that more closely aligned it with hospital operations. He informed her that her contract would not be renewed and that this decision had nothing to do with the inquest.

Regarding the monitor, there are two views of what happened the night of Lisa's admission to Unit 5A. Mrs. Shore believes that there was never a monitor hooked up to her daughter and operating. Anagaile Soriano and Ruth Doerksen say there was a monitor. Staff in attendance at the code say there was a monitor. Dr. Reeder indicated that she was not in a position to resolve that conflict. Dr. Reeder believed the nurses. She had met with them and they took the situation seriously, showed remorse, and admitted their errors.

In her leadership role, Dr. Reeder was trying to understand what happened, identify the gaps in the system and fix them so the same mistakes did not happen again. It would have been easy to have

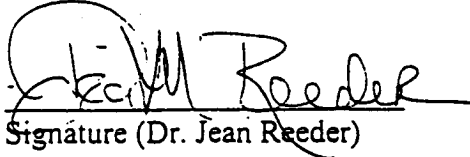
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fired the nurses and have them move on, but the hospital might not have done the extensive work it had to improve the gaps in the system that supported patient care.

  
Signature (Dr. Jean Reeder)

Dr. Jean Reeder, RN

October 23, 2000  
Date

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