NAME OF INTERVIEWEE:	Sharon Shore, Complainant
PLACE OF WORK:	N/A
DATE INTERVIEWED:	June 15, 2000
INTERVIEWED BY:	Catherine Flear, CNO Investigator
PRESENT:	Dean Benard, CNO Investigator

INTERVIEW SUMMARY:

RE: **Ruth Doerksen, RN**
Anagaile Soriano, RN
Jean Reeder, RN
Mary Patricia Douglas, RN
Sian Marie Phillibert, RN
Marta Papa, RN

Background Information:

Ms Shore requested that the eulogy delivered by her husband, Bill, at Lisa's funeral be included as part of the report to the Committee so that the Committee members could get a sense of the person Lisa was. It is still too difficult emotionally for Ms Shore to speak about her daughter in a personal way.

Lisa fractured her tibia as a result of a school yard accident in February 1998. About two days after her fracture, she started to get severe pain in the affected leg. At about the same time, her toes on that leg turned purple. They took her to the Hospital for Sick Children (HSC). Her cast was changed because her leg was swollen. Her new cast was applied, using the original long-leg cast as a base. After the cast change, her pain was much better and she returned to school.

Approximately two weeks after the cast change, Lisa was again in terrible pain to the point that she was screaming out. Lisa was a very healthy child and did not tend to complain. She was taken again to HSC by her parents. This was at about the end of February 1998. She was admitted to HSC because of the degree of pain she was experiencing. A number of tests were conducted including a bone scan. The radiologist ruled out the possibility that she had Reflex Sympathetic Dystrophy (RSD) based on the results of the bone scan. Ms Shore noted all of the research and literature of the past decade concurs that a bone scan should not be used to conclusively rule out RSD. The orthopaedic fellow told the family that there was nothing physically wrong with Lisa, and determined that her pain was psychological in nature. This opinion appeared to be shared by other staff.

A number of painkillers were tried, but none of them helped. About 6 days after being admitted to hospital, the pain team was consulted. Lisa was given an epidural block which took away almost all of her pain except for a few twinges. Lisa was discharged home a couple of days later; she was still in her full-length cast.

Several days later Lisa tripped and fell down hard. She was again in agonizing pain and her parents took her back to HSC. Her pain was interpreted as being psychological. The Shores found the staff to be condescending in their attitudes toward them. A psychiatric resident saw Lisa as a consultation on the request from orthopaedics, and told the Shores afterwards that she was a nice kid. Unfortunately, he only made a brief notation in her chart, and never wrote out a detailed accounting of his assessment of Lisa.

Orthopaedics also believed that Sharon Shore, Lisa's mother, had a psychological problem in that she appeared to refuse to accept Lisa's diagnosis, and requested that the whole family undergo a psychiatric assessment. The entire family, including the babysitter, was interviewed. There appeared to have been a miscommunication among the HSC staff. The psychiatrist thought that she was to help the family cope with Lisa's pain, and did not do a detailed assessment. The opinion of the staff did not change toward the Shores.

The family demanded that Lisa be tried on different medications. Although different medications were prescribed, she was on very low dosages, and none seemed to help her. The staff continued to be condescending toward the family. The Shores finally decided to take Lisa home.

Lisa had her cast removed around the end of April 1998.

Sharon Shore started to research alternative treatments, and eventually she found a doctor in Toronto who treated patients with Reflex Sympathetic Dystrophy (RSD) but did not treat children. Ms Shore knew that Lisa had a genuine physiological problem. She did research on the internet and found that the Boston Children's Hospital was recommended for treatment of RSD in children. She also read a magazine article about this syndrome in which a doctor who practiced at the Boston's Children's Hospital was mentioned. Her sister-in-law, who is a professor of public health at Harvard, also researched this issue and came up with the same doctor's name.

After speaking to Dr. Robert Wilder on the phone, the Shores decided to take Lisa to Boston for a consultation about mid-May 1998. It was concluded by Pain Service, Psychiatry, and Physiotherapy that Lisa had RSD and she was admitted to hospital. She was tried on blocks which did not help her. Lisa was also seen by a psychiatrist and given tips on how to deal emotionally with her pain. Boston tried her on a number of drugs and gradually increased the dosages. They finally prescribed a combination of drugs which helped her significantly. Lisa was prescribed gabapentin three times a day, and amitryptiline at bedtime. Boston sent a letter to HSC outlining the course of treatment for Lisa and recommendations for the management of her pain. Nowhere did they indicate that they thought Lisa's pain was psychologically based.

Lisa was sent home and she returned to school. Her pain was much better especially during the day. She still had pain at night, but she was prescribed amitriptyline which would sedate her and allow her to sleep during the night.

The Shores made one trip back to Boston and had several phone conversations with Dr. Wilder over the summer of 1998. In September 1998, she had a relapse and her pain returned. Lisa had participated in the Terry Fox run with her school, and it was thought that this activity triggered her relapse. HSC was not able to see her right away. At that time, its pain service did not have admitting rights. The Shores decided to take her to Boston the next day where she was seen on an outpatient basis. They stayed in Boston for about one week. This was when the carbamazepine was added to medication regime. At this time, Lisa could not bear to have her leg touched in any way. She was given another epidural block, tried on a number of different medications, and given acupuncture. None of these seemed to help relieve her pain. After several days, the pain resolved on its own to a manageable level.

Lisa's admission of October 21-22, 1998 to HSC:

About a month later, in late October 1998, Lisa attended at the Bloorview-McMillan Children's Hospital for physiotherapy. She walked back and forth in the pool for about one hour. This turned out to be too much continual physical activity and she was in tremendous pain again. During the day of October 21, 1998, Ms Shore contacted Lori Palozzi, the pain service nurse, on two or three occasions, and discussed Lisa's pain status. They discussed that they might have to bring Lisa to the hospital if her pain did not subside. Ms Palozzi told the Shores that she would advise the pain service doctor who was on call of Lisa's situation.

By this time, things were going much better with HSC. Lisa had finally been diagnosed properly, and the pain service at HSC had her records from Boston. HSC seemed to be finally taking Lisa's situation seriously and were trying to help her.

On October 21, 1998, Lisa had been given her regularly prescribed pain medications during the day (carbamazepine and gabapentin). Lisa had not had any of her evening dosages before leaving for the hospital, as it was a bit too early in the evening to give them to her. Mrs. Shore gave Lisa her evening dosages of carbamazepine and gabapentin at the hospital around 10:00 pm. She did not give Lisa her bedtime dose of amitriptyline prior to leaving for the hospital, since it was given at bedtime to help her sleep. She also knew that it had a sedating effect, and did not want to risk an adverse interaction with any of the medications that the hospital might want to give Lisa.

They got ready to take her to the hospital around 2030 hours. At this time she was in severe pain and could not tolerate her leg being touched in any way. They arrived in the ER around 2120 hours. They did not wait long in the emergency department when they were seen by Dr. Schily. Prior to being seen by Dr. Schily, they spoke to Pauline Matthews, a nurse who worked in the emergency department, whom they found to be very competent.

Dr. Schily decided to order Morphine by PCA pump for Lisa to help her with her pain overnight, and then she could be reassessed by the pain service in the morning. The Shores made Dr. Schily aware that morphine had not helped with Lisa's pain in the past. Lisa was given two boluses of morphine 2 mg right away, and then she gave herself seven more dosages of morphine 1.5 mg via the PCA pump. This failed to relieve Lisa's pain.

Ms Shore spoke to Dr. Schily around 2300 hours and told him that Lisa had not yet had her amitriptyline which was normally given at bedtime. Dr. Schily gave his permission for Lisa to be given her amitriptyline at this time. Ms Shore clearly remembered that Lisa was trying to do crossword puzzles when her head fell forward and she went to sleep. This was around 0100 hours.

Mr. and Ms Shore stayed with Lisa until it was determined that she would be admitted to the hospital for sure. Her admission had been delayed because Dr. Schily had to check to see if orthopaedics had a bed to which she could be admitted. Around midnight, Mr. Shore went home, but Ms Shore stayed with Lisa.

Dr. Schily left the ER at around midnight. He had left orders for Lisa to stay in the ER until her pain scale had lowered significantly. Ms Shore spoke to Pauline Matthews and suggested that Lisa might settle faster if she could just go upstairs to bed. Ms Matthews called Dr. Schily and discussed this with him. He agreed she could be admitted to the unit earlier than ordered. Ms Matthews documented Ms Shore's comment that Lisa might be able to settle faster if she was allowed to go upstairs to bed.

Ms Shore was aware that two calls were made to the staff on Unit 5A. During the second call, Pauline Matthews, RN, spoke to Anagaile Soriano and gave her a detailed report on Lisa's condition and the care she had received in the ER.

Lisa was transferred to Unit 5A at about 0140 hours. Ms Shore and someone from transport took her up to the unit via a stretcher. No nurse accompanied them. Ms Shore was given a binder to take with her to the unit. The binder contained handwritten doctor's orders. One of these orders was "see kidcom orders".

Ms Shore explained that all patients admitted from the ER had admitting orders in the computer system. Units 5A\B were orthopaedic and general surgery floors and received admissions from the ER frequently. It is standard practice for the nurses to check the admitting orders found in the computer system for any patients being admitted to the unit from the ER. They were also the units where patients on morphine by PCA pump were sent. The staff on this unit were familiar with the use of these pumps.

Lisa had been admitted to 5A\B about two other times in the past. Ms Shore did not recognize Ruth Doerksen as a nurse who had cared for Lisa in the past. Anagaile Soriano was a relatively new nurse to the floor and a new graduate. Ms Shore recalled thinking that Ms Soriano seemed much too young to be a nurse.

When Lisa arrived on the floor, she was solidly asleep. She did not wake up at all, not even when she was moved from the stretcher to her bed. Ms Shore described her as being like a sack of potatoes when she was moved onto her bed by Ms Doerksen and Ms Soriano. Neither Ms Doerksen or Soriano said hello to Ms Shore; they both refused her offer to help move Lisa. Ms Shore brought some pillows with her, one for herself and the other to put under Lisa's leg.

Ms Doerksen and Ms Soriano seemed to do a basic assessment of Lisa. Ms Shore was not paying close attention and was hanging back so she would not get in the way. They looked at the PCA pump together. Someone brought Ms Shore some linen for her bed, but this person did not say anything to Ms Shore; she cannot recall who brought her the linen.

Ms Shore made her bed, brushed her teeth, checked on Lisa, and then went to bed at about 0200 hours. When she went to bed there were no monitors in Lisa's room. If any monitor had been attached to her daughter, she would have checked the readings from the monitor. She was also aware that when the monitors are turned on they initially make a long beep. Ms Shore did not hear any beeping. Lisa appeared to be sleeping soundly; her respirations seemed normal.

Lisa did not use the morphine pump at all while she was on 5A. She had pushed the button several times on the pump while she was in the ER. Ms Shore thought the last time her daughter used the morphine pump in the ER was around 0100 hours.

Ms Shore described herself as a light sleeper. She recalled that it was particularly quiet on the unit that night. In the past, the intercom often paged the staff, and monitors and IV pumps would alarm. That night Ms Shore did not hear any alarms. The census on the unit was 9 patients along with the patients in the constant care room. This was a low census for the unit. Ms Shore acknowledged that she was tired and she was used to hospital noise. If staff had just walked into Lisa's room that night, Ms Shore may not have heard this. However, she is certain that if anyone had spoken to Lisa, or turned on a light to properly assess her, or turned on a monitor for her, she would have woken up. She is certain that she would have heard if a monitor had been turned on because a 3 second alarms rings at that time. The monitor's alarm is piercingly loud, and is designed to be heard from behind the closed doors of a patient's room all the way to the nursing station. Ms Shore is absolutely certain that no alarm went off that night. Ms Shore was tuned into her daughter's needs and any activities associated with her care.

Lisa was normally a very sound and quiet sleeper who tended not to move much while asleep. When she was four years old, she had her tonsils removed. Until then she snored loudly. Since then she slept very quietly.

At 0718 hours, according to the clock on the wall in the room, Ms Shore heard the doctors talking outside Lisa's room. She knew they would be coming in the door at any moment, so she attempted to get dressed before they came into the room. She had just worn a long T-shirt to bed. One of the doctors came and said good morning to her while the other doctors approached Lisa's bed. Suddenly there were a lot of people in the room as staff attempted to resuscitate Lisa.

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Signature (Sharon Shore) Date