

TRANSCRIPTION

cpsi Canadian Patient Safety Institute
iscp Institut canadien pour la sécurité des patients
Cathy Litwin
Patients for Patient Safety Canada

[0:00:10] I'm here as a daughter and as a nurse to tell my mom's story in order to prevent occurrences like this. Mom lived a very full life her whole life. Family came first, always. She grew up on the West Coast, on Vancouver Island, and she loved basketball. She played basketball during school. In the summer, she would care for her grandparents. She met my dad while she was in the Air Force and my dad was in the Armed Forces. They met in Trenton, Ontario, while they were both on training. Being raised in a military family – Mom in the Air Force, Dad in the Armed Forces – we did get the opportunity to travel a lot and we lived over in Europe for four years. And mom enjoyed her Blue Jays. They had a place in Florida and they would always spend their winters down in Florida and hanging out with the Blue Jays in Dunedin [ph] at their training camp. And Sunday dinners were always around the Blue Jay game and that was lots of fun. And that's how we remember Mom.

[0:01:23] Mom required a visit to the hospital for a gastrointestinal bleed and they decided to admit her and she spent about two weeks in hospital. When she got home, she was in her own apartment at that time and she was 84, and she was getting worse. Her symptoms were getting worse. And so we called the family doctor and he advised that she go back to the emergency department and see the team that had discharged her home. She was readmitted to hospital with what they called hospital-acquired pneumonia.

[0:01:57] Her lungs cleared. And we were hopeful that we're going to be able to take her back home. Unfortunately, she wasn't strong enough to go back to her apartment. She did have some physio prior to discharge, but it wasn't enough physio at that time, she was so deconditioned. The long-term care home that she had gone to was not her first choice on the list of the three centres that she wanted to go to, and they had said that it wouldn't be long before she'd be able to get to that long-term care centre that was her first choice.

[0:02:30] Most of her time spent was in bed or in a wheelchair. And Mom had all her faculties about her and her mind wanted to get up and move, but her body wasn't able. There just didn't seem to be the resources for her to be able to get the physiotherapy that she needed.

[0:02:45] One night, my husband and I had gone into the long-term care centre after we had finished work, and my mom wasn't herself. She seemed very lethargic. I'd asked her if she'd been to the dining room to eat and she said no, she hadn't. She didn't feel like getting up. One of the personal support workers asked us to come close to the bed. She

needed to show us something. But before she did that, she closed the door and she looked very frightened. But she looked like there was some urgency to what she had to share with us.

[0:03:17] She asked us if we had strong stomachs. And my husband spoke up right away and said, "I don't." And he immediately left the room. I wasn't sure for what I was in. She lifted the blankets and I'll never forget the smell. She lifted the heel posy off mum's foot and Mum had a very dark black spot, about five centimetres in diameter on one of her heels. Having health background, I knew that it wasn't a good place for her to be. It was necrotic and she needed some help and she was probably going septic, is what I thought. I knew I needed to find the nurse.

[0:04:02] My husband came back in the room and I explained to him what we needed and we got the nurse. And I think it was about 6, 7:00 at night and it was very difficult to find the nurse. I think there was one on shift at that time. I found her and I explained to her that my mom needs to be treated and she needs to go to the hospital for IV antibiotics and she needs to have this wound treated. She's very sick.

[0:04:26] When I asked the nurse to call an ambulance because my mom needed to go to the hospital and get treated with IV antibiotics and I believe that she was going septic, the nurse responded, "Your mom is a DNR." And I turned to the nurse and I said, "My mom is a DNR, do not resuscitate if her heart stops. But she still wants to be treated and needs to be treated." And she quickly did go and get the ambulance to come.

[0:04:50] I was very shocked when she said that she was a DNR and she was not to call the ambulance. And yes, I was very angry. The nurse was making no distinction between "do not resuscitate" and the need to treat the infection. When the ambulance arrived, the nurse was in the room and the nurse wasn't able to provide information on what medications my mom was on. She did go and get the list and it was very difficult for her to remember the history of Mom. So I was able to provide that history to the paramedics.

[0:05:31] We met Mom at the hospital where she was assessed in the emergency department, and she was admitted under the medicine team. We were told at that time that she would have to see an orthopedic surgeon, that the wound that she had was so deep, it was into her bone and infected. For a week to two weeks, they attempted to debride the bone, which was very painful for Mom. The orthopedic team did inform Mom that they could no longer continue to debride, that they would have to actually take her into surgery and she would need a below-the-knee amputation. If they got in to the leg and saw that it actually extended beyond the knee, they would have to amputate up to the hip. It was at that time that Mom decided that, no, this is the time that I would like to end my life. So that decision was made and Mum went to the palliative unit where she would spend her final days. Mom was of a very strong faith and she always believed that there's a much better place to be.

[0:06:51] It was after she died that I realized, wow, things really went sideways and the system really failed my mom. I actually had called the Ministry and I had asked for a review of the care home. I had asked for a review of my mom's care. I needed to understand what happened and why it happened, and I didn't want it to happen to any other resident in that care home.

[0:07:21] The Ministry went in and did a review and found that my mom's blood sugar levels were elevated for approximately two weeks and weren't really managed appropriately. She wasn't on the right antibiotics. There seemed to be a knowledge gap in how to care for such a complex wound. Communication really plays a big role in this situation where the personal support worker really did want to help mom and wanted to speak up and, you know, did she want to do this sooner? What's the process in the care home for when things aren't going right? To whom do they talk? How do they do that? What sort of process do they have for escalation when things aren't going right? So there were some recommendations that the Ministry made to the care home.

[0:08:10] And I never did receive a phone call, acknowledgment, or an apology. That's one thing that patients and families need the most. But by sharing my mom's story, I really feel that there's an opportunity here to prevent this from happening again.

[0:08:30] So both my sister and I are her nurses and we put the trust in those that were providing the care. And we didn't want to ever come across as being forceful or nosy or not trusting how she was being treated. It was a lot for us not to feel guilty about how we could have actually prevented a little bit earlier, I guess. But we can't look at it that way. We're beyond that now. But those were initial emotions that we had as health care providers. What could we have done? But I think that patients and families need to be brought in a lot sooner when things aren't going right.

[0:09:21] My sister is very happy that I'm working in patient safety and we work closely together in the same organization, and she's always reaching out in order to improve things in the unit that she's a coordinator in and looking for those tools to use to improve the safety and the quality of care.

[0:09:42] I see huge improvements. I see the patients' voice being brought to many tables. I see boards being more vocal about engaging the patients. Yes, we still have a lot of work to do, but we have come a long way. And there are a lot of organizations that have the patient experience at the forefront of everything that they do.

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