

TRANSCRIPTION

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

[0:00:06] When I heard about Vance's accident, I was at work at the hospital. I'm a nurse and I was at work and the RCMP phoned to find out if I knew where Vance was. There had been a motor vehicle rollover, a single motor vehicle rollover, and by the registration in his truck, they knew that it was Vance's. It was the end of March. It was cold. And after calling for help and no help coming, he walked away, trying to find shelter. He was found four miles – he walked four miles to a vacant trailer. And we found him in that trailer after about a 30-hour search.

[0:00:43] He was a sweetheart. But he could be a devil, too. He was just a normal kid. Very, very hardworking. He actually had a job since he was nine years old. He delivered papers on his horse. There was a Pony Express around Carievale. He was a wonderful, wonderful hockey player, just a fantastic skater. And he was the fixer around town. Our town had a lot of elderly people and it was Vance that they would call to come and shovel their walk or mow the lawn or shovel the snow off the roof. And he did. That's what he did.

[0:01:21] We went in to Regina. Vance was already in the emergency department and already, there was talk of alcohol being involved. And we told the staff many times there was no alcohol involved. He was 19 years old, so it is a logical assumption. However, the RCMP had done their investigation and they were looking for alcohol too, and there was no alcohol involved. Vance had not been drinking. Why he had the accident, we'll never know, whether he fell asleep. He works rigs, so, you know, he may have fallen asleep, reached for his phone, reached for his CD changer. We don't know.

[0:02:07] And that was really the beginning of the staff not hearing what we were saying. They stereotyped Vance as being a 19-year-old young man who obviously had been drinking and driving. They did a CT scan. They determined that Vance did have a head injury and the neurosurgeon was admitting him to the SICU, the surgical intensive care unit, for observation, because, of course, with head injuries, there is the danger that there could be bleeding within the skull and increased pressure, which can have grave consequences.

[0:02:45] He had asked the nurse, "Am I going to die?" He asked her that on Friday, "Am I going to die?" And she was laughing about it and said to me, "He asked me if he was going to die. I said, 'No, not on my watch, you're not.'"

[0:03:02] When I went on Saturday, I went back to the hospital and I could tell that Vance's condition was deteriorating. He wasn't as alert. He was in a lot more pain. He was confused. And I mentioned my concerns to the staff many, many times over the course of the next three days. I mentioned his abusive, aggressive behaviour, which was not like him. And I know it's expected in head injuries; you quite often see that. But it just wasn't Vance. And when I mentioned that to one of the nurses, she said, "Well, he's a rig worker. We expect that." And I said, "But regardless, that's not our son. There's something else going on here. Something's changing, getting worse."

[0:03:51] On Sunday, things really were bad. I could tell that he was not improving. He was getting drastically worse. I was seeing that he was less conscious. He was less aware of what was going on. We had to beg him to open his eyes. Over and over again, we begged him to open his eyes because his sister Alicia had flown in from New Brunswick and we wanted him to be able to see her and know that she was there. And finally, after a long time of trying to get him to open his eyes, he did open his eyes. He's got brilliant, brilliant blue eyes. And he opened them and he looked at Alicia and he said, "Licia, you're beautiful, even if you are fat," because she was seven months pregnant at the time.

[0:04:40] I went home or went to the hotel, and at 3:00 I got a phone call saying that Vance's condition had worsened and they were taking him back to the CT scanner. And the neurosurgeon and I and the nurse had a conference. He told me Vance's condition was very grave. And I felt so bad for the neurosurgeon because he had come into this unknown. The first doctor that had seen Vance had gone away for the weekend, and we assumed erroneously that a handover had been done, that this doctor would be taking over Vance's care, but he didn't even know Vance was there. There was no hand over. So this poor doctor's coming in, you know, blindly, he gets called. Vance has been there all weekend. And I said to him, "Why haven't they been listening to me? Why didn't they listen to me? For three days, I've been trying to tell them that Vance's condition is getting worse." And he turned to the nurse and said, "What is she talking about?" And the nurse just shrugged his shoulders. And it was the same nurse who had told Vance he wasn't going to die. She happened to be on that day or that evening. And she just shrugged her shoulders and said, "Well, she's had some concerns over the last few days." And the neurosurgeon said, "Why wasn't I asked to see this young man? I've been up here every single day and no one asked me to see this young man."

[0:06:11] When the doctor told us that Vance was brain dead – and really, he didn't say the words; I did. I said, "He's brain dead, isn't he?" And this poor neurosurgeon just shook his head, nodded his head yes, that he was brain dead. And I said, "Well, if you think I'm going to believe anything you tell me, you're crazy. For four days, you've been telling me that this injury was just minor." And I said, "So I want something. I want a test to prove that he is brain dead. I want a perfusion scan done."

[0:06:45] And when we went there, there was two technicians, a male and a female, and they were laughing and they were joking as they were preparing Vance to go on to the

stretcher to do the scan. And once he was on the stretcher or the table to do the scan, they did a high five over top of his body and it just crushed us. I'll never forget how it made me feel, that they didn't care that this was a young, vibrant 19-year-old and their test was going to tell us that he was dead and there was no hope for him.

[0:07:20] It was one day before the sixth anniversary of Vance's death that we finally met with the hospital and talked to them. What we had to tell them opened up their eyes to what really went on. Now there was a second perspective. It wasn't just the provider perspective of what happened. Now the family told what they had seen and experienced.

[0:07:49] There have been changes made in the Regina-Qu'Appelle Health Region and, I hope, spreading throughout Saskatchewan and Canada. One of them was a provincial alert was issued saying that the sending nurse and the receiving nurse of a patient being transferred from one ward to another will do an assessment together. Families are now invited and allowed to be part of the rounds in ICU because they have information that the providers don't have. They notice those subtle differences in their loved ones' condition that providers may not notice and can be very valuable.

[0:08:26] If I could give one message to everybody in the health care field, the providers, the communities, and to the patients, I would say, "Listen to your patients and your family. Involve them as partners in the care." Every time I tell Vance's story, I'm honouring his life and making sense of his death, making something good to come out of his death, lessons learned. I'm hopeful. I'm really hopeful that things are changing, even if it's just one person at a time. If, by telling our patients' stories, we can make a difference to one person, then it's all worth it.

cpsi Canadian Patient Safety Institute
iscp Institut canadien pour la sécurité des patients
PATIENTS FOR PATIENT SAFETY CANADA
PATIENTS POUR LA SÉCURITÉ DES PATIENTS DU CANADA

FIN