

**TRANSCRIPTION**  
**Audio time: 0:08:41**

**Father's death fuels quest for health care improvement.mp4**

**[00:00:10]** As a registered nurse, as an administrator of two nursing homes, I have certainly changed my game. I am much, much more empathetic. I'm much, much more compassionate. I expect more of my nurses. I encourage families to come to me as quickly with issues. I assure them there won't be any repercussions because that won't be allowed.

**[00:00:36]** My dad's name was Herbert Strasser. He probably would want me to start this by telling you that was a retired RCMP officer because that is what he was the most proud of. So my dad's story is very complex. He had several issues. He had been to three facilities, which is very confusing to the medical system. It was very confusing to him. It was very confusing to our family.

**[00:01:04]** In 2011 in August, he woke up, took his medication like he always did. I think he was slightly hypertensive. He had a little bit of a cholesterol issue. Went to his backyard and was looking at the animals. He has this beautiful home in Bellville. Suddenly, he just collapsed to the floor. And he was sitting on the floor and he said he couldn't feel a thing from the waist down, could not feel one thing.

**[00:01:22]** Called the ambulance, took him to the hospital. When he got to the hospital in his local town, they thought that it was probably a spinal stroke. After six hours and many tests and many consults, they sent him to a major teaching hospital. And I went in and I talked to the surgeon, and he said that he had one of three things. he may have had a spinal stroke; he may have a disc compression, which is causing pressure on his nerves, which could potentially be reversible; or he had quadrocrena [ph 0:01:56]. Quadrocrena is when your spine ends in a bundle of nerves. My father had spinal stenosis. And so his spine just compressed so badly that it broke that bundle of nerves. What he needed was urgent surgery and urgent sort of pressure release. So the surgery would be the next day. Well, that's not very urgent, right? And in my mind, especially for the situation that he was in.

**[00:02:17]** Well, the physician said, because of budgeting issues, there's no way that they were going to operate on my dad that night. He was not in the budget.

**[00:02:27]** He was in the recovery room and we were waiting to hear how he was doing. And a nurse walked him with a clipboard and the recovery room is full of people and she yelled out our name. And then she gave us a full report in front of many other people, and continued to do that family after family.

**[00:02:47]** So my dad was quite keen on getting to the rehab centre. And within two weeks, he ended up there and this was what he wanted and this is what needed to happen. We were very hopeful.

**[00:03:00]** I visited frequently, and one thing that I noticed during a visit is that he was drinking pitchers and pitchers of water. And so I said, "Why are you doing that?" And he said, "I have to keep my hands busy. I'm just so bored." And so driving home that day, I thought, you know, he's diabetic. I'm sure he must be diabetic. You don't drink that much water.

**[00:03:18]** That evening, I called and asked them if they could please test his blood sugar, and it was 47, which is off the chart, it's so high. So they immediately sent him to the hospital.

**[00:03:29]** When he got to the emergency department, because of his blood sugar, they also recognized that he had a temperature. The direction from the physician and the emergency room was, if his blood sugar was a certain level, he could go back to the rehab by morning. Well, it wasn't, and he went back anyway. On top of that, he went back with a fever. So over five days, he continued to worsen, and he continued to get sicker and sicker. His blood sugars were never stable.

**[00:03:57]** So my dad went back to the Kingston Hospital for a second time. He was quite sick. He was told that he was going back because he had what looked like an abscess in his back. There was some infection in his blood. He also had a urinary tract infection.

**[00:04:13]** From the rehab, he should have gone immediately to his neurological team. He should not have gone just to any covering medical doctor. And that was a failure as well. They knew nothing about him.

**[00:04:25]** He wanted to go back to Bellville because after his incision was drained, there didn't seem to be any reason why he was there. They weren't doing anything with him. His IV was discontinued. His antibiotics were accidentally discontinued during this time, so he was left on an antibiotic that was not treating his spine.

**[00:04:44]** Within probably six hours in the Bellville hospital, they tested him for *C. difficile*. He was severely dehydrated. He had a systolic blood pressure of 60. He was in renal failure, which was indicated on his lab results from Kingston. Nobody was doing anything about it. His mouth was so full of thrush, he couldn't eat and he was vomiting. This is who we transferred stable.

**[00:05:12]** Within five days, he ended up in the ICU. As it turned out, my dad had severe C. difficile. His colon was macerated. There was no going back from there. His spine was disintegrating, his neck was disintegrating. He had osteomyelitis. The abscess had crept all the way from the base of his spine up to his neck. And then he passed away that day.

**[00:05:41]** He was very black and white. There was no in between. If you had a job to do, you did it right. He was very professional and he expected that from everybody. And he was also very much a part of a brotherhood, and he respected those brotherhoods. So if you're a police officer, you're part of a brotherhood. If you're a physician, that's your brotherhood. He just was very trusting of that sort of arrangement and the respect that each professional should have for another.

**[00:06:10]** I think my dad's generation is a generation that has a lot of faith in physicians still. They have a lot of faith in that God-like syndrome, and he did not want to rock the boat. As the coroner said, he said that it was a perfect storm. He said, "Your dad was a very sick man. There was a multitude of issues and everybody just sort of watched it happen."

**[00:06:31]** Communication is one of the areas that was so poor in regards to my dad's care, and the nurses just did not communicate with the doctors, and they did not communicate with him. And there were so many teams involved. There was an A group and a B group and a C group. And my dad said to me, "Trust me, the right hand does not know what the left hand is doing." At one point, they left a snack out on the shelf, and they did this continuously night after night. And I started marching down the hall to the little girl that dropped it off and I said, "Hey, you left his snack out on the shelf. How would he get that?" She said, "I don't know. I do it every night." I said, "But he's paralyzed. How would he get that snack?" "I don't know." It's just so frustrating.

**[00:07:18]** What's changed since my father has passed away is that the way that they give post-surgical report, they no longer stand at the door and yell the report out. And the infectious disease team has improved their parameters in looking for C. difficile and making everybody more aware of how to use antibiotics.

**[00:07:42]** Those are the things that have been recommended and have been acted upon at Belleville Hospital as well, adding in medication reconciliation on weekends and holidays, less transfers, if not an emergency situation, and voice-to-voice physician report.

**[00:08:02]** I think my dad would think that joining Patients for Patient Safety Canada in the sense that we're precipitating some changes because of what happened in his situation, he would be really, really proud of that. I think that he'd be happy that we're doing something.

**[00:08:19]** What I would say to health care providers across the country is that it's an honour to care for people and that we went into health care for a reason and not to forget what that reason is and to always think with your hearts and be compassionate.

**END OF TRANSCRIPT**