

S4E2 - The helpers

Transcript

Narrator: [00:00:00] You're very comfortable talking about this.

Donna: [00:00:04] You know what, Jordan? It honours Vance's life when I can. I remember one time – well, it was probably the first time I did it, I guess – I had somebody come up and say, “Oh, Donna, it must be so hard to tell Vance's story.” And I said it was harder not to. It was harder not to have the acknowledgment that what I knew had gone wrong had actually gone wrong. So it honours his life. It honours who he was and what he would have been.

Narrator: [00:00:45] Canadian Patient Safety Institute presents *Patient*, a nonfiction medical podcast about the people trying to fix health care from the inside out. I'm your host, Jordan Bloemen.

[0:01:14] This is the story of two different crises, one personal and one shared. And we're going to talk about these two different stories side by side in this episode, because they both raised the same question: “How do we take care of each other in the aftermath of a crisis?” Specifically, how do we take care of the caretakers? We're going to start with the personal, which means we're going to start with Donna Davis and her son, Vance.

Donna: [00:01:51] Vance, he was our only son and he was a really, really hard worker. He was a normal teenager. You know, he was not perfect in any way. He drank a little bit and probably drove too fast at times and he was just a normal teenager, but he was always about helping people. He always took up for the underdog. After he died, one of the mothers of one of the people that he went to school with said, “I will forever be grateful to Vance for sticking up for my son who was bullied and made fun of because he wasn't quite the same as the other kids. And Vance always stuck up for him.”

Narrator: [00:02:45] In the early hours of a March morning, Vance lost control of his truck. Today, we still don't know why. First, Vance phoned the police. He waited and then went to find shelter, walking six kilometres with what would later turn out to be a life-threatening head trauma.

Donna: [00:03:03] He called for the RCMP to come and help him because he'd had this rollover. And he called three times and the last time he said, “Where are they? I'm cold.”

Narrator: [00:03:18] He was later found semi-conscious in a trailer and was taken to a local health centre before being transferred to Regina.

Donna: [00:03:25] And there was a search, a 36-hour search 'til we found him. And he was in a trailer that was a vacant house trailer.

Narrator: [00:03:35] Upon arrival, Vance was seen by a neurosurgeon, taken for a CT scan, and admitted to the surgical intensive care unit.

Donna: [00:03:43] Yeah. So then he went into Regina and didn't receive the care. But he was a hardworking guy.

Narrator: [00:04:04] The three sleep-deprived days that followed saw Vance's condition worsen. It's important in understanding this story to know that Donna used to be a registered nurse, so she was witnessing this through the dual veils of her profession and her role as Vance's mother. She was oscillating between all-consuming concern for the wellbeing of her child, an informed unease about the care that he was receiving, and a professional respect for the authority of the providers on call. But in thinking back about all of this, through the smoke of exhaustion and adrenaline, she can still make out all of the red flags fluttering into view.

Donna: [00:04:50] So another nurse came in a while later and she said, "Well, too bad there's no insurance." And I said, "Pardon?" And she said, "Well, there's no insurance when alcohol's involved, you know." And I said, "But there wasn't alcohol involved. Like, his tests would have showed that. And the RCMP couldn't find any evidence of it." And I mean, I'm not saying that she shouldn't have said that, but she shouldn't have said it without any backing and it shouldn't have made any difference to the care, but unfortunately it did.

Narrator: [00:05:25] In listening to Donna talk about the experience in the hospital, the sheer volume of things going wrong makes it tough to parse out whether one of those wrong turns was the result of a systems failure, operator error, or in some cases, personal bias. Vance worked in the oil patch, and as she explained a moment ago, that came with a heap of preconceived notions, not just about the accident that put them there, but about Vance as a person.

Donna: [00:05:54] The nurse said, "Oh, well, he's a rig worker. We expect that." But then they just did not hear my concerns about him. I could tell he was deteriorating and I would bring that up to them. Like, his alarms would go off and they would just come in and shut them off and then leave again.

Narrator: [00:06:15] Donna told me a story about the nurses, two of the nurses that were on call during Vance's treatment, that becomes really important in trying to unravel the aftermath of all of this.

Donna: [00:06:27] When his health deteriorated or his condition deteriorated further, a young nurse asked for the help of a more seasoned nurse, and that seasoned nurse berated the young nurse in front of me for asking for help and for not being sure of what she was doing. It wasn't that she didn't know; it was that she wasn't sure and she wanted a second opinion. That young girl getting that response, later, she would not go and ask for help again when Vance's deterioration continued.

Narrator: [00:07:10] After days spent floating between wings and providers, Donald was told Vance's condition was stable and that she should go back to her hotel to rest.

Donna: [00:07:19] So then on Sunday things were even worse, I could tell, and I mentioned it to the nurses. I even mentioned it to the housekeeper that came in the room. I said, "I'm so worried about my son. Something's going on. His condition's getting worse, and no one will listen to me."

Narrator: [00:07:38] At 3:00 in the morning, Donna Davis was called back to the hospital where she met with the on-duty neurosurgeon.

Donna: [00:07:45] And at 3:00, I got the call that his condition had deteriorated and they were taken him back to CT. Finally, they were doing a repeat CERTAINLY. But I had said to them before I left, "You're going to watch him, right? You're going to watch him really carefully because I'm so worried about him."

Narrator: [00:08:04] Until one morning, as Donna sat by Vance's side, the already-bad situation took a turn for the worse.

Donna: [00:08:14] I was in with Vance. I guess it was 6, 7:00 in the morning. And all of a sudden, his alarms just started going crazy and he absolutely turned purple from the neck up. Like, I mean, just purple is the only way I can describe it. And his blood pressure was like, 250 over 180. His pulse was 150 something. I believe that that's the point where his brain herniated and he was gone. For all intents and purposes, he was gone.

Narrator: [00:08:56] Vance was rushed to surgery, but when the surgeon came out to speak with Donna...

Donna: [00:09:01] He didn't say the words; I did. I said, "He's braindead, isn't he?" And he nodded his head. And I said, "Well, if you think I'm going to believe you or anybody in this place? Because for three days you've been telling me that it's just a minor injury. I don't believe a word any of you say."

Narrator: [00:09:22] The hospital did a perfusion scan at Donna's request, but it confirmed her fears. Vance had suffered brain death. Her son was gone.

Donna: [00:09:33] We didn't know what to do. Nobody was coming to us. And so I phoned our minister at home and I said, "Cathy, I don't know what to do. Vance has just died and I don't know. What do we do now?"

Narrator: [00:09:51] What do we do now? It's difficult to listen to a story like this and see it as a story, in any part, about the wellbeing of the health care providers. It's not a story about them; it's a story about a mother and a son. But the aftermath of this story, it's there that we witness a ripple throughout the community of people involved. And when some of those people continued being responsible for the wellbeing of other people, continued on as health care providers, we have to ask ourselves this complicated question: "When everything goes horribly, horribly wrong, how do we make sure that the people tasked with making things right are healthy enough to do so?" We'll talk about that after the break.

Narrator: [00:10:53] Silence can be confusing during your virtual medical appointment. Silence could indicate to your health provider that you have nothing to do... even if what you really want to say is... and... oh, and... Always speak up whether you are online or on a phone call. Conquer silence for your health. This message brought to you by the Canadian Patient Safety Institute. ConquerSilence.ca.

Lynn: [00:11:21] Health care workers, at the very root, are very human. And we get into health care because we care and we want to help and support folks. But what ends up happening a lot of times is that that necessitates that we need to face situations and we need to face critical incidents and we need to face all those sorts of things that really start to wear on the health care workers. And truly, if we don't have health care workers who are at their best, then it's really difficult to provide that really high quality standard of care that our patients deserve.

Narrator: [00:12:08] That was Lynn Robertson, director of special projects at Alberta Health Services. How do we take care of the providers in the aftermath of a health care crisis? At the end of Donna's story, we're not really thinking about the providers. We're left focused on Donna,

her family and the fallout that will ripple throughout that community. She was the subject of a wholly unnecessary tragedy that would spark in her passion for activism that continues to this day. But just behind Donna, you know, slightly out of focus, there are people like that nurse, the young one who was berated for asking a question, a good question. How does she factor into this? I asked Donna that question.

Donna: [00:12:55] So in that case, I believe the mental health or the psychological safety of that young nurse was certainly a contributing factor to Vance's death. Maybe it would have been too late anyway. But more importantly – well, not more importantly, but just as important – is how did that young nurse react afterwards? If we could have seen her and said, “We forgive you, we understand,” I think it might have helped her to stay in the profession and to be an even better nurse, because you can bet that she would have been, making sure that she asked for a second opinion no matter what. I mean, I would have loved to have seen her and said, “It's okay, you're going to be even better now,” but we weren't allowed to do that.

Narrator: [00:14:04] You mentioned it took six years before you were able to have that kind of a disclosure meeting with the hospital about what happened. When you finally got to have that meeting, was that your experience?

Donna: [00:14:18] No, it was not our experience. And it's something that eats away at me a lot because this might sound silly, but I feel responsible. I have heard that one of the providers did quit their career and I feel responsible for that because I wasn't able to reach out and say, “It's okay. You're going to be even better now.”

Narrator: [00:14:52] There are a lot of different ways to think about provider wellbeing and how we should think about provider wellbeing after a crisis. To Donna, it can represent an opportunity to become even better at what they do, even better at taking care of people. With the right support, you can learn from the difficult parts. Chris Power, CEO with Canadian Patient Safety Institute, explained that balance well.

Chris: [00:15:19] For a long time, we separated patient safety and provider safety. And we can't anymore because one, there's a direct correlation between the two. So if you as a provider are not healthy, if you're not taking care of yourself, we know that you're more prone to making mistakes. So it's so, so important for providers to take care of themselves, not only physically but psychologically, so that when they show up to care for the people who've been entrusted to their care, they're there mentally and emotionally. And we for so long we didn't connect the two.

Narrator: [00:16:00] Provider wellbeing impacts patients. So when things go wrong, it's in all of our best interests to make sure that they're supported. At the top of the show, we mentioned this idea of crises, both personal and shared. And in March of this year, we witnessed a shared crisis in health care. COVID-19 was at once an abrupt and then-persistent change to how we administer and receive health care. It also put immense pressure on providers. A lot like that nurse from Donna's story, it raises this question: "Knowing what happened yesterday, when you've seen firsthand how sideways things can go, how do you go in and do the work today?"

Chris: [00:16:45] Yeah, you know, the big things that happen like fire, you know, a plane falling out of the sky, those kinds of things? Health care workers are tremendously resilient. They will spring to action. You know, your adrenaline kicks in. Those one-time kind of events, people just rise to the occasion, you go on adrenaline, you don't even think about it until afterwards, right? And that's when you need to be picked up and when you need to have a lot of support there for you. The slower-burn thing, things like COVID that's going on and on and on and every day the rules change about it. And as health care providers, you know, your personal protective equipment, all those kinds of things, the fear of bringing it home to your family, those things that just are adding on every single day the fear of it. And we're not dealing with it in the health care system because we don't have time right now. We're just so focused on what's happening in front of us. And so what we're starting to see right around the world is that burnout of health care providers and that psychological stress that's happening to them in their fear of getting it themselves at work and protecting their patients and then bringing it home. And there's not a silver bullet that's going to fix all of these things. I think we need to look at all the different situations.

Narrator: [00:18:02] So how exactly do we start doing that work of making sure that the people we tasked with keeping us safe are taken care of in the aftermath of an incident? I asked Lynn Robertson.

Lynn: [00:18:14] Well, we need a whole lot more time to answer that question. But, you know, I think the first thing to realize after something has happened is just to acknowledge that something has happened and to be able to recognize that people will react to different situations, to different events differently. And just because, you know, you have one nurse or one health care practitioner that brushes off what's occurred as just part of the job, doesn't mean that another health care worker will do the same. And so it's just so very important for, you know, managers, for coworkers to really check in with each other, to say, "Gee, you know what? That was kind of rough. Are you okay?"

Narrator: [00:19:15] As Chris explained to me, peer-to-peer support has an essential role to play in improving the mental wellbeing of providers.

Chris: [00:19:23] Peer-to-peer support program is one that we're seeing springing up around the country and around the world in many places that people can talk about what's on their mind. It's a safe place for them to go, really acknowledging that we expect our health care providers to be heroes; and they're just people. And so we've got to take away that hero mentality. They do heroic things every single day, but we've got to remember that they are people who have lives outside of the workplace that affect what they bring to their work. And so we need to look at them that way.

Narrator: [00:19:59] Which brings us back to Donna. Some relevant numbers for you. In terms of mortality, patient safety incidents ranked third behind cancer and heart disease with just under 28,000 deaths across Canada in 2013. This is equivalent to such an event occurring in Canada every 1 minute and 18 seconds, resulting in a death every 13 minutes and 14 seconds. The question that Donna faced in the aftermath of all of this is, "How do we stop those adverse events from harming health care providers mentally, leading to more adverse events?" It was in the aftermath of Vance's death that Donna found her way to advocacy, to trying to stop those dominoes from falling, to stop one crisis from leading to another and another and another, because we weren't taking care of our health care providers. She saw issues in the system that prevented her from healing, and she saw how they prevented providers from healing, like that young nurse. So I wrapped up by asking her, in the aftermath of a crisis, personal or shared, how can we prevent further harm? How can we stop that chain reaction? What does healing look like?

Donna: [00:21:18] There needs to be mutual healing. And because there isn't just, again, for lack of a better word, victim. There isn't just one victim when a patient has been harmed. The provider is a victim as well. Anyone involved in it is impacted as well. And I believe that they need the support of the organization. There needs to be a process in place to take care of their mental health, because if, in fact, a patient is harmed and the provider isn't remorseful, isn't going home at night and just beating themselves up, I would be totally surprised, because they're in this profession to help people. And when they see that their help has harmed, that's got to have a huge impact on them. So I really believe that in order for them to heal and to become even better, which I'm sure they will if they have the proper guidance and counseling and support in place, then that's what needs to happen. And the organization is a huge part of that to make sure those processes are in place. But also included in that process should be being able to interact with the family or the patient if both parties are willing to do so. And I think it would be so healing and would certainly help that person to move ahead in their career.

Because without it, when it's a really grievous harm, like a death, I would be fearful that what could be a very, very good provider would shut down and quit the profession. And Lord knows, we cannot afford to lose really good providers.