

'ISN'T THIS AWFUL?'

Unionville's Jeanne Ker-Hornell Clarke describes the tragic final hours of her husband's life in a crowded emergency department

On Dec. 3 at 7:30 a.m. I was compelled to take my dear 92-year-old husband by ambulance to Markham Stouffville Hospital. He couldn't breathe.

He had a very bad heart, although totally mentally alert, he was unable to function at all. He was concentrating only on getting another breath. He was so thin, a six-foot, three-inch man who weighed barely 120 lbs. He was in a dire state.

For five hours he was on a stretcher in the corridor of emergency surrounded by other patients up and down the hall on both sides.

Paramedics were sitting around for hours, reading novels, keeping an eye on the patient they had brought in. They had to stay with the patient until the hospital staff took over. I wondered at the wasted hours of these valuable, highly trained paramedics.

By lunch, my husband looked very ill, a passing doctor had him put in the suture room, a small room, for which I was so grateful.

This doctor asked me immediately if the patient wished to be resuscitated. No. We had discussed this often, I had proof of Power of Attorney to ensure my husband was not to be put through any discomfort. He had suffered for four years.

An X-ray was taken. Pneumonia was diagnosed and intravenous medication was given. He seemed to be more comfortable, although restless. He had eaten nothing for three days and could keep nothing down, not even water. His system appeared to be shutting down.

Nine hours later, my husband seemed calmer and said he would sleep. I was to go home and come back in the morning. I was back at 8:30 a.m. He smiled at me, then told me about his night.

At some point, he needed to go to the bathroom and couldn't walk. He had no means of communication. He was getting desperate, having waited for hours. He tried to get out of bed. The intravenous needle came out of his arm in his struggle and he urinated on the floor.

Meanwhile, he was bleeding profusely from the vein in his arm. All he could do was wait and try to stop the blood. All this he told me in a quiet voice.

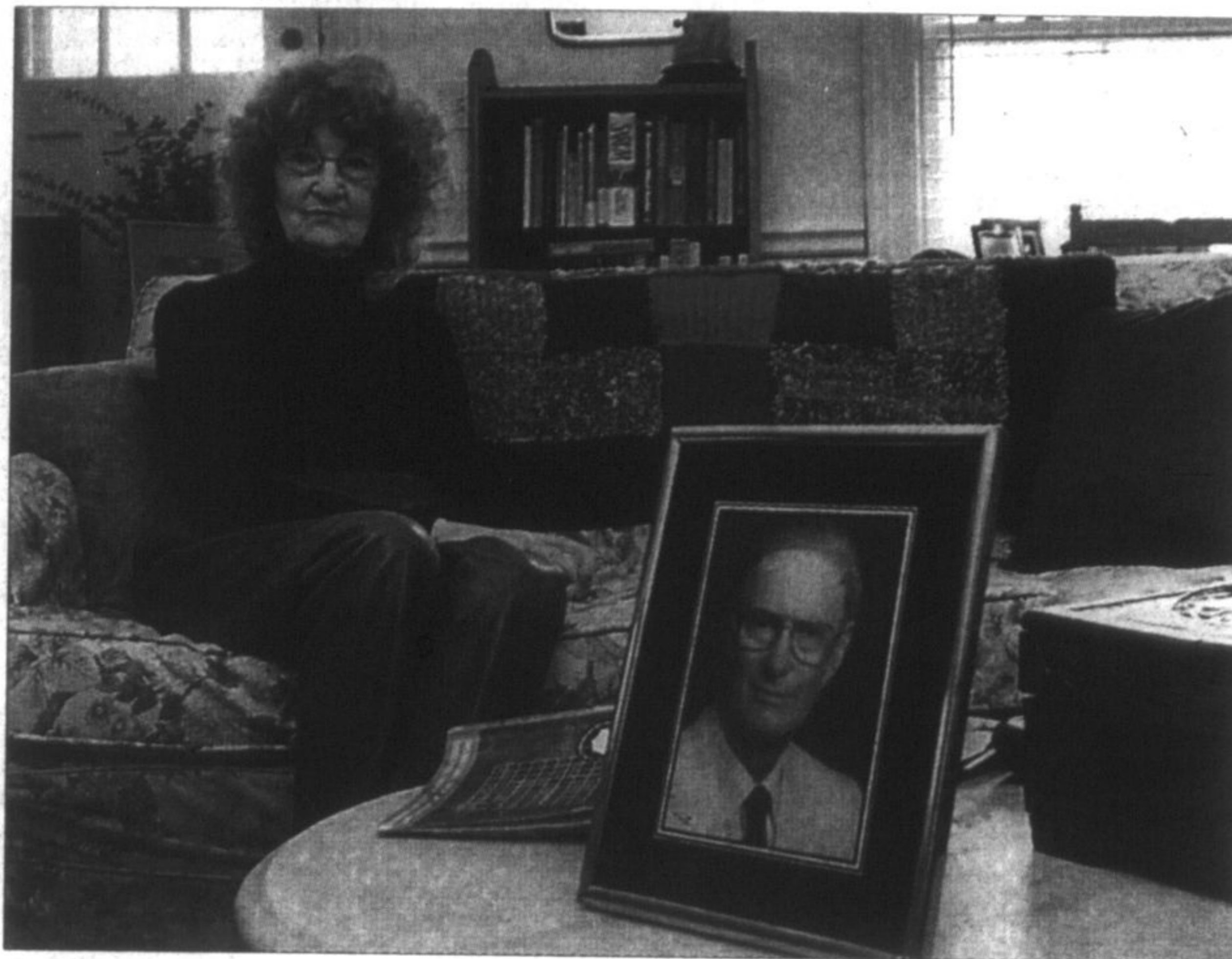
I was horrified. I should have stayed all night. I believed hospitals checked hourly on their patients, if only for consolation.

I saw the urine puddle still on the floor with a paper towel thrown over it. The sheets were bloody and his intravenous was unattached. We talked calmly and I tried to make him comfortable.

I had called about palliative care for my husband; a social worker came to my husband's bedside about 1 p.m.

We were told this would cost \$2,041 monthly and he could be taken anywhere, probably outside of York Region.

I refused to sign the paper that would take him out of our area. Apart from the social worker, not one nurse or doctor



STAFF PHOTO/SJOERD WITTEVEEN

Jeanne Ker-Hornell Clarke with a photograph of her husband, Charles, who died Dec. 3 in the emergency department of Markham Stouffville Hospital.

came into my husband's room from 8:30 a.m. when I arrived until 2:30 p.m. That is six hours.

We spent the day together, my husband alternately dozing and moving restlessly, and we talked. He was very aware of the situation. At one point, I went and found the necessary equipment for him to urinate and he was too weak to attend to himself, I discovered.

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There was a poor woman out in the hall who was constantly calling loudly for her mother with every breath. Another woman was crying out in pain at intervals. I could hear someone else retching.

At 2:30 p.m., I went to the nurses' station, I waited, finally asking for the status of my husband's health. The nurse conferred with one or two others, then told me they couldn't find his file.

I told her I was upset no one had come to see him since I came, which is six hours. I recounted what he had told me about his night. I asked why there was no means of communication for him.

The nurses seemed startled and one came and set up a call button.

My husband's daughter came to relieve me for an hour at 4 p.m. An hour later, my husband was dead.

My stepdaughter had stepped out for

coffee and when she came back, he was gone. I returned immediately and was horrified to find my dear husband with what looked like a piece of iron tubing sticking out of his open mouth, taped to his cheeks. It was horrible to see. We had particularly stated no resuscitation, I saw the doctor write it down.

The indignity to my highly intelligent, calm, sensible husband was appalling. What did he suffer when this was done to him?

I was devastated by his death, by the lack of care he had endured. The whole experience was a nightmare.

I am writing this sad story in the hope if we all tell publicly our hospital experiences, maybe someone will listen and do something about it. Maybe it will prevent someone else from having this ordeal.

It is clear, the entire medical system is breaking down in high density areas.

I am sad that a gallant group of nurses and doctors are unable to attend to their patients as they should. They are so over-run with sick people, with no beds, no space and, as they are severely understaffed, they are simply unable to cope. It is a complete burnout situation for them and literally hell for the patients and their anxious families.

Why are we allowing developers to build houses in an already overcrowded area? Our hospital simply cannot handle it.

We are told there may be an extension for the emergency department built by 2013. That is six years away.

My husband's last words to me were, "...Isn't this awful ...?"

Yes, it certainly is.

'We are struggling to provide appropriate care'

Markham Stouffville chief of staff David Austin responds

I felt the same sense of disappointment our staff and physicians felt when they reviewed the circumstances surrounding Mr. Clarke's emergency department experience.

Our emergency physicians and nurses do their utmost to provide every patient with the best possible care every day. None of our staff ever wants to treat a patient or their family in a manner that leaves them feeling dissatisfied.

Whenever we receive a letter of concern, we conduct a review or investigation of the details so we can learn from the experience and determine how to better support patients, families and hospital staff and identify potential improvements.

Since the hospital opened in 1990, we have experienced steady and unprecedented growth; in fact, York Region is one of the fastest growing regions in all of Canada.

When the hospital opened, we were able to treat about 27,000 unscheduled ER visits per year. Today that number has almost doubled. We are now seeing between 130 to 160 patients every day in our emergency department.

... every hospital in the GTA is struggling with increasing ER visits and having to "hold" admitted patients.

While the number of ER visits has increased dramatically, our hospital bed numbers have remained essentially the same. As a result, our beds are almost always full. When the beds are full and a patient presents to the ER who needs to be admitted, we have no choice but to "hold" and treat them in the ER, until another patient is discharged.

This is not unique to Markham Stouffville; every hospital in the GTA is struggling with increasing ER visits and having to "hold" admitted patients. For the ER staff, caring for patients that need in-patient care, while attending to patients as they present with emergency needs, is a significant challenge.

It is an unfortunate fact that, to deal with crowding in the ER, we have to use stretchers that are placed in our hallways.

On Dec. 3, the day Mr. Clarke came to the hospital, 13 patients were being "held" in the ER, waiting for an inpatient bed. That day, 161 patients came to be treated and 19 needed to be admitted.

Mrs. Clarke's observations are correct, we are struggling to provide appropriate care to our community, given the tremendous growth that has occurred and that we are limited by insufficient numbers of beds and space. The hospital is scheduled for a major expansion, however this will not be completed until 2013.

The members of the board of directors and the administrative team recognize there are some significant challenges ahead and they are committed to finding ways to deal with the current mismatch between demand and the available resources.

I thank Mrs. Ker-Hornell Clarke for taking the time to write. I can assure her and the community we are looking for solutions every day to keep pace with the increasing needs of our community.



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