

Don't Sweat the Small Stuff

A new chapter each week – a 4 minute read!

Chapter 13 - The Best Laid Plans

In reference to Robbie Burns' "To a Mouse" things do not always follow the planned course. This was one of those days! The harvesting of the stem cells took three days and then Carol had to prepare for the final chemo onslaught. This chemo is unlike anything else that we had dealt with. The chemo is incredibly strong and not only kills the cancer but also kills healthy cells and leaves the immune system decimated. Once you go through this chemotherapy your immune system is gone. You are like a new born - you need to be revaccinated as all of your previous vaccinations are wiped out. As the nurse at Princess Margaret told us the process wipes the slate clean and you start over. It is why many who go through the process consider the day of their transplant as their "second" birthday.

Carol had the chemo and the side effects were as expected - extreme tiredness, nausea, and one "funny" side effect is the smell of creamed corn. It is a peculiar side effect and while I was never a fan of creamed corn this made sure it never came into our house again.

After a few days we presented at Princess Margaret for the reintroduction of stem cells. The process is quite straightforward. Carol sat in a chair and a machine was wheeled in - this was the freezer that held her stem cells. It was actually a freezer that stored the cells at - 347 F. When opened it had the mist you see from dry ice wafting about - very dramatic! The cells were retrieved and put into a warming machine. Once warmed the cells were introduced into Carol's body similar to a blood transfusion. All in all the process was complete within a few hours.

Once completed we entered the stage where the greatest risk to Carol was infection. She had no immune system so any infection could be catastrophic. Research has indicated that around 5% of stem cell transplant patients will acquire some sort of infection and 1% will die because of infection.

Once complete Carol was admitted to Princess Margaret and she was in an isolation room. Full gowning and masking required. This was a short stint as an inpatient as she was going to be transferred to Thunder Bay Regional where she would be held in isolation for a ten day period to allow the stem cells to graft and to ensure she was protected from the possibility of infection.

The path forward was carefully arranged. The next day Carol would be taken by ambulance to the Billy Bishop airport where an ORNGE aircraft would transport her to Thunder Bay. A land ambulance would transfer her to Thunder Bay where she would be admitted to spend ten days in isolation.

I was (and still am) on the board of ORNGE and for those who know, ORNGE had gone through some very difficult days after it's start up. The concept around ORNGE was excellent - the execution of the plan left a lot to be desired. I joined the board when they were looking for a "northern" voice and my experience at Sioux Lookout Meno Ya Win Health Centre provided the experience of dealing with northern remote Indigenous communities as well as being from the community that was ORNGE's second busiest base. (At the time one third of all of ORNGE's provincial activity was concentrated at Sioux Lookout and Thunder Bay). The optics of me being on an ORNGE flight as an escort might be frowned upon as I was a board member. Escorts are always a bit of a challenge for ORNGE as fuel loads, staff complement and distance impact the ability to take an additional passenger. This was of no real concern as there were 12 commercial flights a day between Toronto and Thunder Bay. Many across Ontario do not realize that the Thunder Bay airport is the fourth busiest airport in Ontario after Pearson, Ottawa and Billy Bishop. There are over 108,000 aircraft movements per year.

Carol was admitted and I told her I would see her in Thunder Bay the next day. I took the early flight home and awaited Carol's arrival in Thunder Bay.

Small Stuff # 19 - Plan - what Plan?

Carol was supposed to be taken by ambulance to the island airport first thing in the morning and transferred by ORNGE to Thunder Bay. One must remember that ORNGE's first responsibility is to respond to life and death situations, so the transfer of an ambulatory stable patient would be deemed a lower priority. As well for non-emergency transfers ORNGE uses contract carriers to allow their fleet of fixed wing and helicopter aircraft available to deal with true emergencies.

Carol's transfer to Billy Bishop airport did not happen until late in the afternoon. When she arrived at the airport she was surprised to find that in addition to the pilots and paramedics, there was an additional patient on a stretcher as well as a nurse who had accompanied another patient to Toronto and was catching a ride back to Thunder Bay. The small plane was crowded and given Carol's condition, not conducive to an "isolation" environment. She was at the back of the plane and sent me a picture of her "anything but pristine" environment. Ironically the Porter flight I had taken that morning was almost empty and we could have sat at the back of the plane with no one within 20 feet of us. Carol did end up fighting an infection but it is impossible to tell where the source of the infection was. Overall the flight was not arranged in the way it was planned.

Small Thing # 20 – No ride for you

Once she arrived in Thunder Bay I watched from outside the hanger that the plane pulled up to. There was an ambulance waiting. I was surprised to see the ambulance was not there for Carol but took the patient who was on a stretcher. The patient they transported had undergone hip surgery and the stretcher was provided for comfort. It turned out that the ambulance had been

dispatched to transfer Carol but the attendants assumed their patient was the person on the stretcher. The land ambulance service confirmed with me when I inquired a few days later. The ambulance was supposed to have picked up Carol but the crew had made a mistake in picking up the stretcher patient. The ambulance left and I went into the Thunder Air office to find out what was going on. The attendant indicated that they would call a cab for Carol to transport her to Thunder Bay Regional. I left somewhat bewildered about how we had been warned extensively about Carol's complete lack of immunity and the need to keep clear of possible sources of infection. She had just completed a cramped 2 hour flight with six other individuals and was now going to be dumped into a taxi to transfer to the hospital.

It took me a few minutes to come to my senses but I went back in and indicated that I would drive Carol to the hospital. I was told that that was not possible. I persisted - I had to sign a form removing the carrier from any liability and then I could take Carol to the hospital.

There was a slight silver lining to this as I was well aware of the oncology ward at Thunder Bay and I took Carol right to the ward. Apparently, the ambulance can only deliver patients to the ED where there would have been delays and additional exposures before Carol was sent to the ward.

I raised the issues around Carol's transport with the senior team at ORNGE. Things were reviewed and hopefully corrected. We were in Toronto for a follow up appointment and got talking to another patient from the north west, they quickly concluded that Carol was "the" patient who changed the way transfers were done to the north. Her story had made the rounds at Princess Margaret but more importantly the system self-corrected to improve the process for future patients.

Next week - We finally meet Ned.