On The Receiving End of Care
The Failure of Systems and Practice

Wednesday

3rd September 2003
What it’s supposed to look like!
haemopneumothrax

Dislocation

# Ribs

Open book

Severed artery and nerve

Dislocation

# Dislocation L pubic Rami

# Dislocation

# Dislocation R & L SI joint

# Olecranon

No diagnosis but God it hurts

Torn Urethra and Bladder Neck

Ruptured Scrotum

Mysterious missing testicle

# Acetabulum

# 2&3 Toes

# Femur

# Tibia
The Journey Begins

- Communication & Customer relations
  - Your Husband Has had a slight accident!
  - Amputation, Fistula Watch what you say!
  - Talk to me! Drs Nurses Physio’s
  - Greeted by: Yes!
Abandonment

- No one around
- Buzzers and Phone
- “Nurse Nurse” (Call Bell incontinence)
- From one to one, to the Marie Celeste
- HCAs doing Trachy Dressing?
- Who is responsible for nutrition?
- Patient handling (multiple trauma)

REMEMBER You Promote What You Permit!!
30 Operations since Crash

- 2003 Internal Fixation of # femur
- 2003 External Fixation of pelvis (XFix)
- 2003 Tracheostomy
- 2003 Removal of Bone Fragments (L) Knee
- 2003 Reinsertion of Pelvic fixator
- 2004 Cystoscopy (1)
- 2004 Bone Graft (1)
- 2004 Decompression of Ulnar Nerve
- 2004 Depo IUA of Coccyx (Coccydinia)
- 2004 Cystoscopy (2) insertion of suprapubic Catheter
- 2004 Bone Graft (2)
- 2005 Revision of Intramedullary Nail Failed (1)
- 2005 Depo IUA of Coccyx (Coccydinia)
- 2005 Revision of Intramedullary Nail Failed (2)
- 2005 Revision of Intramedullary Nail, Bone Graft (3)
- 2005 Removal of Haematoma
- 2005 Arthroscopy
- 2006 Depo IUA of Coccyx (Coccydinia)
- 2006 Removal of intramedullary Nail 1 Month Prior to
- 2006 Sequestrectomy, High Femoral Osteotomy, Bone Graft (4)
- 2006 Retrograde Intramedullary Nailing, Insertion of Ilizarov Frame
- 2006 Appendicectomy
- 2007 Revision of Femoral Osteotomy
- 2007 Reapplication of Ilizarov Frame 2nd femoral osteotomy
- 2008 Pelvic reconstruction x 2 + XFix
- 2008 Haemostasis removal of packs
- 2008 resuturing of wound
- 2008 Removal of pelvic fixator
- 2010 Incisional hernia repair
PROCEDURES I REMEMBER

- CT Scan of Head and Neck
- X-Rays 800+
- CT Scan Proximal 1/3 Femur
- Micturating Cystogram x2
- CT Scan Pelvis (1)
- Chest Drain
- MRI (R) Femur
- Veno-gram
- CT Scan Distal 1/3 Femur
- Central lines x 2
- Leukocyte scan indium-111 Radioisotopes x 2

- Parallel Beam Scanogram x 2
- CT Lumbar Sacral
- MRI Both Knees
- Removal Ilizarov 7 Pins (1)
- CT Scan Chest
- MRI (R) Groin
- CT Scan Pelvis (2)
- Removal Ilizarov 7 Pins (2)
- Removal of 3rd Pelvic frame
- CT Scan Pelvis (3)
- CT Scan Pelvis (4)
- Excisional biopsy
INFECTIONS

Pseudomonas
Staph Faecalis
MRSA
Clostridium Difficile
Septicaemia
Strep Viridans

Consequences to no one but the Patient?
Weekly pin site care continued for over a year. Wrong screw released causing pain & compression of retrograde nailing & both #s
Tales of the Unexpected.

- Foot left unsupported despite requests, leading to unnecessary foot drop that took years to rectify.
- #s to Right Tibia & Roy’s Scapula through rough manual handling
- Pushed off the X-ray table during Venogram
- Infected during Micturating Cystogram
- Uni colleagues washing me, 9½ weeks.
- Essential instruments not available after surgery had commenced requiring 2 further ops.
Yet again, a report has shown that care for the elderly in our NHS hospitals is shamingly bad. The revelations are appalling: old people lying in agony in their own waste and suffering from dehydration because no one has thought to give them water to drink.

We might consider this to be a problem with the National Health Service, which, obviously, on one level it is. Much more disturbing, however, is what it says about us as a nation.

After more than 60 years with a welfare state and a National Health Service, we live in a Britain whose nurses do not have the ordinary instincts of human kindness.

A generation ago, the cliché about our hospitals was that though they might be underfunded or inefficient, the nurses were angels. Now, when an elderly relative goes into hospital, our primary dread is that they won’t be cared for adequately.

We fear for them, as we would fear for a child going to a rough school. We are afraid that when we have left our father or mother behind in the ward, frail and too weak to help themselves, they will be neglected and bullied.

Of course — and this needs to be stressed — there are many wonderful, dedicated nurses in the NHS who still work tremendously hard to look after their patients under intensely demanding circumstances. But it seems they are decreasing in number.

Proof of this came in the Care Quality Commission report this week. It inspected 12 hospitals which it believes to be ‘fairly representative’ of the NHS.

In three of them, it found inadequate assistance given to patients who struggle to eat, no assessment of nutritional needs and nurses failing to give basic care.

Sad to say, we have all experienced it. A relative of mine, aged over 90, lay quite recently in the cancer ward in
Systems and Practice and the Culture of Care

- Greater involvement in nutrition
- Dressing Technique OSCEs (non blame culture)
- Manual Handling Outside the Box
- Make Contact with bed 7.3 better welcome at most fast food outlets.
- Cared for Carers Care Better!
- Do it right or don’t do it at all
- Treat complaints as help!
- Thanks to 120 + blood donors, paramedics, A&E, ITU, Theatre and the majority of ward Staff for saving my life & limbs.
Common Causes of Poor Care & Errors

- Communication (Nil by Mouth)
- Inadequate information Flow (Lungs and bone healing)
- Human Problem (Culture of care, Good Sister Good care Rubbish Sister etc)
- Patient related issues (Overheard Dr saying I think he’s got a fistula)
- Organisational transfer of knowledge (MH Training)
- Staffing patterns / work load (Well you know what it’s like!)
- Technical failure (Ilizarov, nail remover, x-ray machine)
- Inadequate policies & procedures (Starvation and thirst, cannula, infections, complaints)

http://www.ahrq.gov/qual/pscnigrpt/pnini2.htm

US Dept of Health and Human Servicers
Dear Jean and Belinda

How do I begin to tell you, how much you made a difference to my care over the last 2 years? Now that it looks like I have finished with the trust I feel I can write this letter. You are everything a patient needs and wants, you are what I want my Students to turn out like and you are one of the few people that make me truly proud of my profession.

I now give talks around the country on the “patient’s experience” the Government would not like to hear what I have to say about being on the receiving end of what masquerades as care. You both shone head and shoulders above the rest, why? Because you care, your smile would light up even my darkest days and God knows I had plenty of them. You reassured me when I was frightened, with a blend of professionalism and humour and your care of Gill and my other relatives was second to none.

I know your modesty will have you decrying this adulation as just doing your job, well to some it is that, just a job, but to you it seems a way of life. When students ask me what is a patient’s advocate? Then I need to look no further than you for the answer. You were my protector, my provider, my comforter but most of all you were my friend. For these reasons I will never forget you.

With all my Love and Respect

Austin Thomas RGN, RCNT, RNT, Cert Ed, Ba Hons.
Lieutenant Colonel QARANC (V)
Matron 208 Field Hospital (Liverpool)
Who Cares?

I see you’re very busy Nurse
I glimpse you here and there
Your busy doing paper work
When all I need is care

They tell me, you were there for me
In Cas and ITU
I’m sorry that I missed you there
But on the ward I need you too

I’m hungry and I’m thirsty Nurse
Do you hope that I’ve been fed?
The food and drink you brought for me
Lies cold beside my bed

I know you want to care for me
It’s the job you came to do
But of me, there are so many
And of you, there are so few

I’m losing weight, don’t smell so sweet
A bath would be divine
A sip to drink, a bite to eat
If you only had the time

In need of care, we are the same
And I know you’ll try your best
I may be, the one in pain
But you’re the one that’s stressed
The ward is dark and quiet now
Just a few jobs left to do
I see you’re working late again
But your family need you too

Can you hear me call you Nurse?
As you lay there in your bed
Is it me keeps you awake?
That voice inside your head

I see you cutting corners now
In the job you’re trained to do
How is it Nurse, this patient knows?
Because I’m one of you

At times I felt you let me down
And the profession, I love too
But how are you to care for me
When no one cares for you

Lt Col (Ret) Austin Thomas RGN,
RCNT, RNT (Patient)