Sombre November

I always think of November as a bit of a nothing month. The clocks have gone back an hour making the mornings lighter and the evenings darker. I think I would prefer to have lighter evenings than lighter mornings. I hate mornings anyway so light or dark it doesn’t really matter to me. I still have to get up and go to work. The evening though is different that is your downtime from work, time when you can walk the dog, take the kids to the park or go for a run if you felt so inclined. If you want to do any of these things in November you need to get the high visibility vests out and a miner’s helmet!

Apparently I am not alone in my epiphany of November, as far back as Anglo-Saxon Britain there is a reference to the ‘unpleasant’ month of November. The Anglo-Saxons called it the “wind monath” because of the cold winds. T.S. Elliot called it ‘sombre November’ describing it as “chill and drear”. The only good thing it would seem about November is that we only have 30 days to get through.

This month’s edition of the journal, I hope, will give you something to think about and spark some discussion around existing practice within your own trust and department. Sophy Rymaruk’s article reminds us of the risks associated with emergency general surgery and how improvements can be made to achieve better patient outcomes. Similar to many trusts, documentation failures are highlighted as an area requiring improvement. As the case goes, ‘if it is not written down, it didn’t happen’.

There are many examples of the risks associated with poor documentation and surgical patients. Most shocking are those which have been highlighted by public inquiries following a patient death such as the Murtagh Inquiry (RQIA 2005). Alarmingly, NCEPOD’s 2011 review into children’s deaths following surgery was unable to proceed in some areas as they ‘did not have enough information in the case notes provided to make a valid assessment’ (NCEPOD 2011). I have experienced an independent patient care inquiry and it is one of the most frightening and also enlightening experiences I have had in my career. Not surprisingly, as with all inquiries into failing patient care, documentation and communication are two of the key factors that remain constantly at the crux of poor patient care.

What is your department’s documentation and communication skills like? Maybe you have introduced a new theatre management system or patient care plan/pathway. Have you audited this new system or your department’s practice recently? Have you considered the potential benefits you could make to improve the patient experience by sharing this with the journal’s community? A letter or a short report could help encourage others to reflect or challenge practice, ultimately benefiting the patients we care for.

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References