Who cares about carers?

Patients and carers see things that busy healthcare workers often do not. It follows that safety will be improved if patients are included as full partners in reform initiatives, and learning can be used to inform systemic quality and safety improvements (WHO 2006).

It is often difficult as a perioperative practitioner to imagine how service users could be involved or included in developing quality and safety initiatives within the theatre department. This is probably due to the limited amount of time the patient spends in the department most of which is under the influence of anaesthetic drugs. That said opportunities do exist to involve patients and carers in developing and improving perioperative care and this is no more so visible than in this month’s viewpoint.

Leonita Hoy, a mother, tells the story of her son’s traumatic road traffic incident. The most poignant bit of this story for me is when Leonita describes the point where she leaves her son at theatre reception; “I was lost and alone.”

She continues to explain how she was “led out of the theatre reception area by an uncommunicative person” and was then left on her own to find her way back to the ward her son was being cared for in. “I felt alone, empty and numb.”

Care of the carer was something that I had rarely considered in theatre practice. Carers are often involved up to the point of, and including, anaesthetic induction. Whilst the carer is in the theatre department perioperative practitioners have a responsibility to ensure their safety and wellbeing. However, once they are shown out of the department who cares for them? It is clear after reading Leonita’s account of how she felt abandoned outside the theatre department, that as practitioners we must also have a certain level of responsibility for the carer at this point in time. The focus of perioperative care is naturally centred on the patient and their needs, but there should be some thought given to who looks after the carer after patient handover.

The Francis Report (2013) talks about changing the culture of the health and care system so that it never loses sight of its core values of compassion and care. In that moment where a mother was left standing alone outside the theatre doors compassion and care had been forgotten. As perioperative practitioners we should examine our own cultural environment and explore opportunities to develop the input of the service user. This change in organisational culture will require support and encouragement from management to establish strategic plans and networks with areas of good practice that are currently in existence.

Leonita’s story is an example of how by listening to carers we can identify a gap in care that we were perhaps not aware of or had considered before. You cannot help but be moved by the traumatic event that changed this mother’s and son’s life. As theatre practitioners we often only get the opportunity to connect the patient with their surgical intervention, this personal account reminds us of the journey some patients and carers have made before they reach our doors.

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