


DON'T GET SICK AFTER DARK

AT NIGHT YOUR RISK FROM HOSPITAL MISTAKES SOARS. HERE'S HOW TO PROTECT YOURSELF

BY SUSANNAH HICKLING



IT'S 5AM AND Katie McKay and her husband Ben are worried. It's their second phone call from their home in Battersea, south London, to the maternity unit of the Chelsea and Westminster Hospital since Katie, 27, went into labour at 10.30pm. "You don't sound as if you're in enough pain to be in established labour," says the midwife. "Anyway, the ward's closed at the moment." "What do you mean, closed?" pants Katie between contractions that are coming every five minutes now. Although it's her first baby, she knows that when the contractions are so close together it's time to get to hospital. But the midwife tells her to have another bath.

At 6am, when the contractions are four minutes apart,

PHOTO-ILLUSTRATION BY JOE ZEFF

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they ring again. The midwife says that not only is the ward still closed but no other local hospital can take her either. "Give me at least an hour to juggle beds. Don't get here before 7.15."

When the couple get to the Chelsea and Westminster at 7.30am the midwife says, "There's no point in me examining you, as I clock off in 20 minutes. Wait for the next midwife who comes on at eight." A midwife gives Katie her first internal examination an hour and a quarter after they arrived—official guidelines say it should be done within 30 minutes. The midwife says nothing, but fetches the registrar.

When the doctor makes her own examination, her face goes white. She explains that the baby is on its way and is breech—but advises that it is too late for a Caesarean. When Ella, 7lb 9oz, is finally delivered, with the help of forceps, she doesn't move or cry. She is whisked to neonatal intensive care. A neonatologist tells Katie and Ben, "Your baby is as close to death as she can get."

MISTAKES happen in hospitals. Last year the National Patient Safety Agency reported more than half a million incidents of lapses in care—and more than 2,000 preventable deaths—in the 12 months to March this year. Many blunders may go unreported: a 2004 survey for the doctors' online network doctors.net.uk revealed that eight out of ten doctors had seen a colleague make a mistake.

What's less well known is that the

chances of something going wrong creep up during the night shift.

The majority of mistakes occur during the day, because that's when most healthcare takes place. Yet between 10pm and 6am—when patients are supposedly tucked up in bed and there are no scheduled tests, diagnoses, consultations, assessments or operations—22 per cent of all mistakes happen, some 140,000 incidents a year.

Studies have shown that babies born at night are more likely to die. UK research found that patients discharged from intensive care at night, to free the bed, had a higher risk of dying. In response to a US study showing that emergency heart patients were more likely to die at night, the British Association of Emergency Medicine has conceded that patients admitted to A&E with a heart attack at night might get slower treatment.

What's going on? Given that the vast majority of hospital workers care deeply about their patients, why is the night shift so risky? Some reasons are statistical: night-time surgery, for instance, is performed only on high-risk, acute-emergency patients.

Another key reason: skeleton crews. You're unlikely to see many surgeons and specialists wandering corridors at four in the morning. And it's not just doctors who are at home. "We've seen cases where lack of scans and X-rays at night has been an issue," says Peter Walsh, chief executive of the charity Action Against Medical Accidents.

Fewer people—and less experience. "Care at night does seem to be worse,"

agrees Sheffield GP Paul Hodgkin, founder of patient feedback website Patient Opinion. "The comments we get suggest that junior nursing staff and 'bank' staff [who are moved from department to department, filling in where necessary] are often left on the ward with too much responsibility."

Same-day surgery—and budget cuts—mean patients are actually much less likely to stay overnight than in the past. So who's left? The really ill and the frail elderly who have nowhere else to go. "At night we now have far greater numbers requiring nursing attention such as supervising drips, constant observations, drains, monitoring with heart machines," says Bernie Cottam, an adviser to the Royal College of Nursing.

Less-than-conscientious workers can go unnoticed at night. One nurse at Queen Mary's in Sidcup, Kent, told 36-year-old Donna Woodmore that she had better things to do than to get her a drink after an operation to remove her ovaries last January. "The nurses made no effort to be quiet, making sleep impossible. When old ladies with broken hips—dependent on the nurses to go to the loo—pressed the buzzer, no one would move." Often by the time a nurse arrived, it was too late.

A 58-year-old secretary from Sheffield suffering from a pulmonary embolism remembers one night nurse on the drugs trolley at the Northern General Hospital in Sheffield asking patients what tablets they should have.

Francis Bailey, 66, from Winchester never finished a course of intravenous treatment for multiple ulcers in his throat because night nurses at the Royal Hampshire County Hospital forgot to give him the final units.

When Dawn Smallman, 45, from Tyldesley Greater Manchester, paid

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evening visits to her father Stanley, 71, who was in the Royal Bolton Hospital with cancer, most of the nurses would sit round chatting. "When I rang in the morning to ask how he was, they'd say he'd had a peaceful night—then I'd learn from the other patients that he'd been awake and in terrible pain." One afternoon when she was with him, he soiled himself. Dawn told the nurses—but when she arrived the next morning he was still in the same faeces-covered pyjamas.

Finally, fatigue is an inevitable contributor to night-shift errors. Nurses typically work four weeks of day shifts, then have to adapt to two weeks of nights. Junior doctors work gruelling hours—13-hour night shifts and 91-hour weeks are not uncommon—and fatigue tends to be worse at night. In a survey by the Royal College of Physicians of specialist registrars working seven consecutive night shifts at a London

MAKE YOUR NIGHT SAFER

- Keep a list of the medicines and doses you are taking. Ask what you're being given each time a nurse comes round. If she answers, "It's your heart medicine," ask for the specific name and dosage.
- Find an ally. Many nurses are excellent: note the people who stand out and make sure that you or a family member get to know them.
- If necessary, ask if a friend or relative can stay with you. Some hospitals allow this, though your companion will probably have to sleep in a chair.
- Know the name of the consultant responsible for your treatment.
- Do your homework. Patients now have a choice of where they're treated, so compare local hospitals on patient feedback website www.patientopinion.org.uk, the Government's new NHS Choices website (www.nhs.uk) or check readmission rates online in the Good Hospital Guide (www.drfooster.co.uk). The website of the Healthcare Commission (www.healthcarecommission.org.uk) also rates NHS and independent hospitals.
- If you have a concern about your care or treatment, contact the hospital's Patient Advice and Liaison Service.

hospital, 65 per cent felt that it affected the quality of care they provided—70 per cent admitted sleeping on the job.

Even in hospitals rated highly by the Government's Healthcare Commission, the night shift can be harrowing. In 2005 a 24-year-old political researcher was recovering from an operation for fibroids in Whittington Hospital in north London. "In the early hours I felt very sick," she remembers. "A nurse just gave me a bowl and went away. I could barely move because of my operation and the bowl was just resting on my chest. I had to force myself up to be sick. The nurses didn't check I was in a position where I wouldn't choke."

The one thing that made her stay bearable was an older nurse who had returned to the profession and took time to talk to the patients. "When you're vulnerable," the patient recalls, "you want someone to hold your hand."

BACK AT THE Chelsea and Westminster, baby Ella is struggling to breathe. Deprived of oxygen for too long, she has suffered massive brain damage and her parents have agreed she should not be artificially resuscitated. She repeatedly stops breathing, only to start again with a gulp. In the end, after five days, Katie tells her daughter, "Ella, I can't do this to you any more. Close your eyes and don't open them. Mummy and Daddy will be OK." Half an hour later, Ella dies peacefully in Katie's arms.

A hospital enquiry concluded that had Katie been admitted to hospital earlier and seen sooner, she would have had a Caesarean and Ella would probably have survived. (The Chelsea and Westminster Hospital has since changed aspects of its maternity care to prevent such a case recurring.)

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MISTAKES ON THE night shift cost lives, careers and billions in legal payouts, sending healthcare costs soaring. Some experts are seeking ways that technology can help.

One of these is the web-based "Isabel" diagnostic system in use at ten hospitals in the UK so far. "At night hospitals are run by junior doctors with limited experience," says Jason Maude, co-creator of Isabel. "They are reluctant to wake up senior doctors on call. But with Isabel they go to a computer, enter the symptoms and the patient's age and gender, and a list of likely diagnoses comes up straight away."

For its part, the Government has responded with the Hospital at Night

programme (in which half of NHS hospitals now participate) where a multidisciplinary team of experienced doctors and nurses is available at night to support junior doctors, working in different departments as needed.

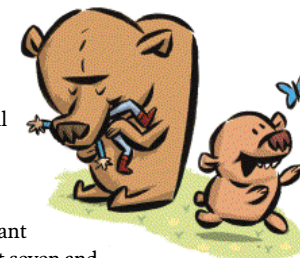
For some, change is long overdue. Donna Woodmore is still in pain after her operation, but her time at Queen Mary's has put her off seeking medical help. "I'm terrified of going to hospital," she says. "I hope no one in my family has to suffer that standard of nursing."

Have you or your family or friends suffered in hospital at night? Write to the address on page 10 or email YouSaidIt@readersdigest.co.uk.

INFAMOUS FIRST WORDS

Every year, the organisers of the Bulwer-Lytton prize, based at San José University, California, invite entrants from round the world to come up with terrible opening sentences to imaginary novels. Here are some of this year's best efforts.

Danny, the little grizzly cub, frolicked in the tall grass on this sunny spring morning, his mother keeping a watchful eye as she chewed on a piece of hiker they had encountered the day before.



There was a pregnant pause—as pregnant as Judith had told Darren she was (about seven and a half weeks along), which was why there was a pause in the first place.

And this year's winner: "Gerald began—but was interrupted by a piercing whistle that cost him ten per cent of his hearing permanently, as it did everyone else in a ten-mile radius of the eruption, not that it mattered much because for them 'permanently' meant the next ten minutes or so until buried by searing lava or suffocated by choking ash—to pee."