



Sarah's Story

Think of a woman in your life, someone you love in her late sixties – maybe your mother or wife or significant other, favorite aunt, best friend. Plant her picture in your mind, but for now, let's call her Sarah.

Sarah is 68 years young with a torn rotator cuff that's really getting in the way of her weekly bowling game – not to mention swinging her grandchildren at the park. So her doctor prescribes surgery to repair the tear. “It's no big deal” he says, “Just a little over an hour in the operating room, about 4 hours in recovery, and home in time to watch the news at 6.” But during surgery, there's a hiccup in the plan – the tear was not so easy to access – and Sarah is in the operating room for almost 2 hours. In recovery, Sarah is unusually slow to shrug off the anesthesia and her blood pressure is a little low -- which happens sometimes -- so, *“just to be on the safe side”, her care team recommends an overnight stay.*



Sleeping soundly, Sarah doesn't move a muscle. While she rests, skin on her heel cracks open a bit where it was pretty raw from breaking in a new pair of walking shoes. About 4 a.m., Sarah gets up to use the bathroom by herself because she simply doesn't recall that her nurses asked her to ring for them. And besides, Sarah doesn't like to "be a bother."

In just a few steps, overcome by dizziness, Sarah reaches for the bedside table to steady herself... but it's on wheels, slides away, and Sarah takes a fall and hits her head on the bed rail going down. Who knows how long Sarah's on the floor before a nurse finds her?

Sarah's doctor orders a head scan which reveals a mild concussion – but thank goodness it's not a broken hip. Think what that would do to Sarah's game!

Just to be on the safe side, she's ordered to stay for another day of observation.



By discharge the following morning, Sarah is spiking a fever, shaking with chills. A rapid blood test shows she has a wicked infection caused by staph germs – probably picked up through the cut on her heel when she fell. Sarah is also showing signs of breathing problems, which can happen with infection too.

A cocktail of antibiotics is prescribed right away and, *“just to be on the safe side”*; Sarah is transferred to the ICU where patients are discouraged from getting out of bed and walking around. Sarah doesn’t like being sedentary – and neither does her circulatory system. A blood clot forms in her leg and travels to her lung. Sarah’s breathing becomes so critically shallow that a ventilator is ordered. Sarah can’t be discharged until the blood clot is broken up and that will take a few days – just enough time for pneumonia to develop from the ventilator.

The combination of antibiotics, dripped into her veins for days now, wreaks havoc on Sarah’s intestinal tract, causing a C. diff infection to



take hold. If Sarah survives this hospitalization, C. diff will likely follow her home and likely cause her to be readmitted to the hospital before too long. Her tennis/bowling friends will have to find a sub for a while. Maybe even permanently.

It was supposed to be a day surgery, then one overnight. And here it is, 10 days later and the mother, wife, partner, best friend you love is fighting for her life. Just 2 weeks ago she chased her grandchildren in the park, and today, her prospects for survival... let alone pushing a swing or rejoining her bowling group any time soon ... are not good.

All this while, every day for 10 days, you've sat bedside, vigilant, worried out of your mind, trying not to show it, trying to be helpful... but never feeling more helpless in your life. Your faith in Sarah's doctors is shaken and you realized about day 3 that you're not prepared to help Sarah in any meaningful way. The two of you have landed in a foreign world with language and protocols you barely understand.



When you question – especially as Sarah declines -- it's with trepidation and anxiety that somehow your questions will offend and alienate Sarah's doctors and nurses, and she will be the victim of your audacity.

You are also feeling like maybe you're a little crazy too. It's hard to pinpoint where anyone really did anything wrong, but yet here she is, clinging to life after what started as routine shoulder surgery. With every turn, the smart specialists and nurses have responded quickly and competently. Everyone is so nice too. Is it just Sarah's bad luck?

No, it's not bad luck. Sarah is the victim of a system designed to respond to problems, not prevent them. And that's where a trained and alert Care Partner comes in.



Here's where I get to show how you have the power to change Sarah's hospital experience with a little knowledge from a few helpful little checklists!

Let's rewind the clock to the point when Sarah's doctor recommended surgery. She calls you at work with an update and ends the conversation with "I can't drive home after the procedure. Will you come with me?" Of course, you agree. With this simple pact, Sarah's places her trust in you to watch out for her – to be her Care Partner -- because she recognizes she won't "be herself" right after surgery.

In this scenario, you remember you've bookmarked the Care Partner Project, and that evening, after work, you go to www.thecarepartnerproject.org and read through the checklists and tips ... you get it! Now, with Sarah counting on you, you go straight to the surgery safety checklists first so you'll know what to do.



(PRESENTER NOTE: Click on these pages on thecarepartnerproject.org.)

You see the “To Do’s” about showering with antibacterial soap and taking antibiotics before surgery so you make a mental note to go over these points and all the others with Sarah. As a surprise, you’ll stop at the drug store and pick up some of that special chlorhexidine soap for her.

On the day of surgery, you make a little sticky note for Sarah’s gown that says... “Antibiotic?**” – just a gentle reminder to administer her prophylactic antibiotic – too often overlooked in the bustle of pre-op activity. You ask around for the blanket warmer and grab a toasty one for Sarah.**

When you kiss her goodbye as she’s wheeled into surgery, you nod to Sarah’s nurse, point to the sticky note with a smile and hand over the blanket with a “thank you” for help in keeping Sarah warm. You



both know how important this is for protecting her immune system, which she needs to stay strong. In case a hint of infection crops up, her body will be better able to fight it off.

(PRESENTER NOTE: Point to these checklists on the Care Partner Project website: falls, infection, blood clots.)

While waiting for Sarah to come out of surgery, you review the other **Care Partner Project checklists**, making special note of common hospital hazards like **infections, falls** and **blood clots**, especially for people in her age group.

When Sarah is slow to wake from anesthesia and an overnight stay is recommended, you're already mentally prepared because you learned at the Care Partner Project that detours are common in health care plans.



About 3:30 am, Sarah wakes up and tells you she needs to use the bathroom, so you ask a nurse to help. You're relieved when Sarah is safely settled back in bed and sleeping peacefully again.

By morning, *you're* a little tired, but Sarah wakes refreshed -- ready to put her successful surgery behind her, and get on with recovery. Her shoulder is on the mend....no infection, no concussion, no blood clot, and no other injuries to slow her down!

Just eight weeks in a sling, a little physical therapy. ...she'll be like a new woman on the courts by spring!

And you, dear Care Partner, can breathe a sigh of relief... and take a bow. Your safe and sound support meant the world to Sarah!

In the first version of Sarah's story, we saw how one complication can beget others, so I would like to leave you with some quick tips and



strategies to prevent the most common problems that occur with way too much frequency.

Go back to POWERPOINT slides.