

PROVIDING THE RIGHT CARE BY THE RIGHT PERSON AT THE RIGHT TIME ON THE NIGHT SHIFT

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Improving the
patient journey



After-Hours Project - Canterbury District Health Board

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THE CHALLENGE

“New models of working are required to deal with the need to provide appropriate medical cover in acute hospitals where previously there were multiple tiers of resident junior doctors in multiple separate specialties.”

- Academy of Royal Colleges
- BMA
- Joint Consultants Committee

BACKGROUND

- Happenstances of 1985 working-times reform
 - RMO numbers
 - supervision & relationships
 - no handover
 - no horizontal teamwork
 - poorly documented care plans
 - uncertain about support & readiness to supply
 - workloads not recorded, analysed or understood
 - anecdotes, generalisations and siloed thinking prevailed

After hours project – the orphaned offspring of the need for change

- 10 years gestation
- Pilot Study - unreliability of self-recorded data – data management-area to study
- Time & motion study 2230-0800, 1600-2300 weekdays & 0800-2300 weekends
- NZMJ 31 March 2006, Vol 119 No 1231 Page 1 of 16

URL: <http://www.nzma.org.nz/journal/119-1231/1916/>

Adult surgical & medical patients

Coordinators & recorders

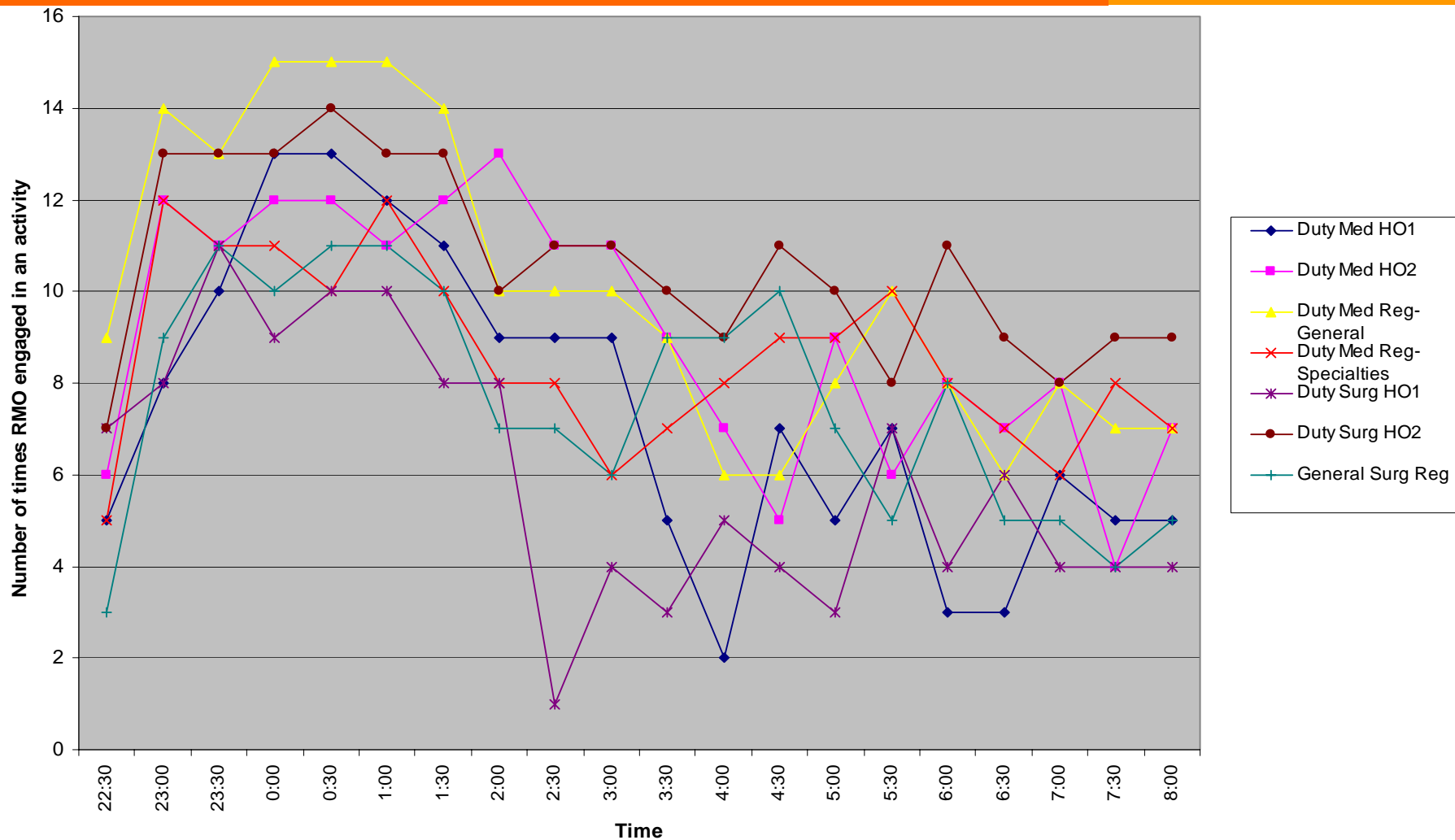
Task urgency grades

Time taken

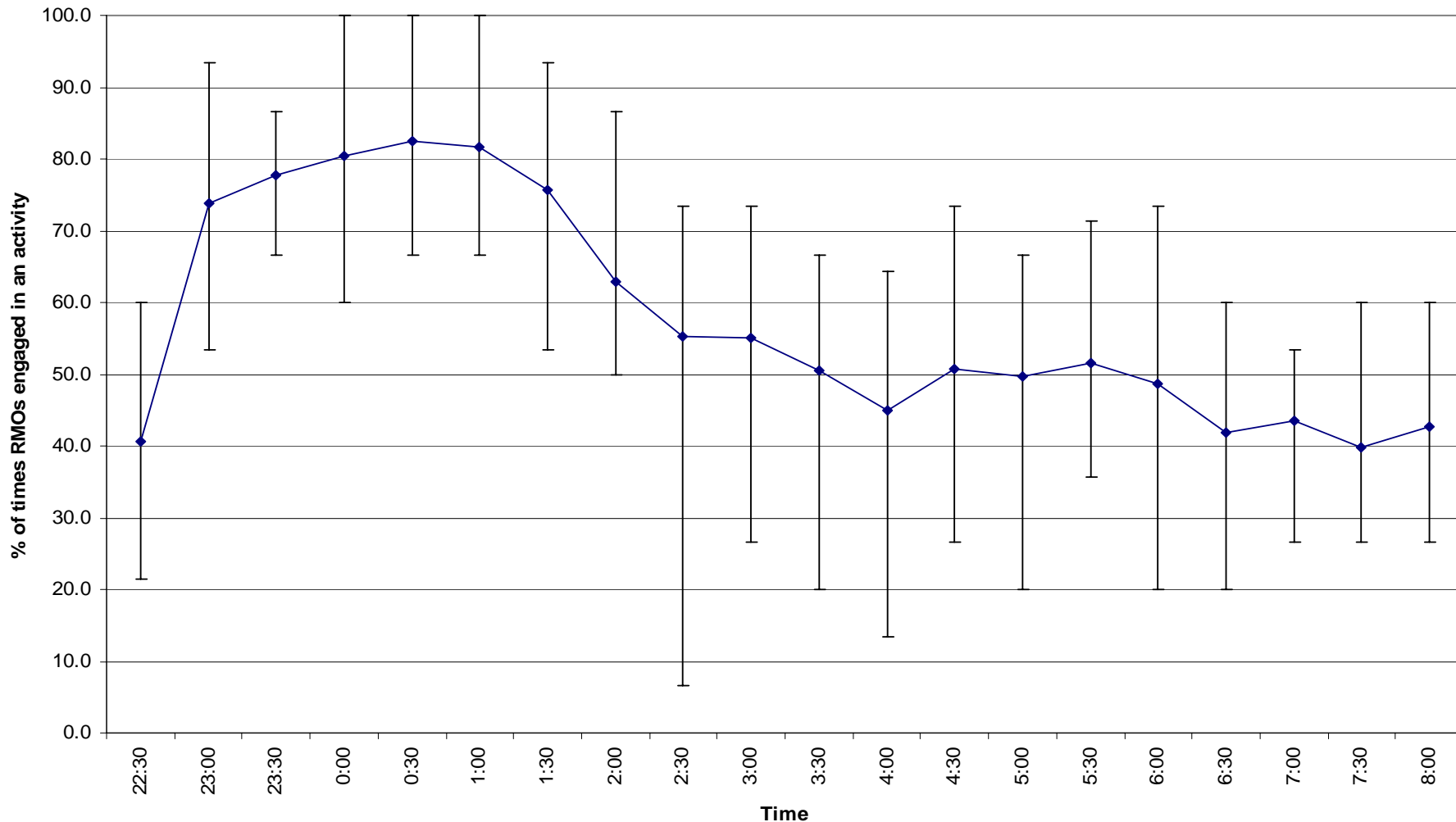
STUDY OF ACTIVITY

- Data collection period extended across 2 weeks for each study period
- Task sheets completed for medical, surgical, Radiology and Anaesthetic RMOs
- IV Technicians were included in evening/weekend audit
- Data entered into purpose built Access database
- Activity across hospital noted for that period
- Telephone calls to on-call staff were logged.
- Duty Managers documented exceptions
- Data 100% complete for night shift and 96% for evening/weekend shifts

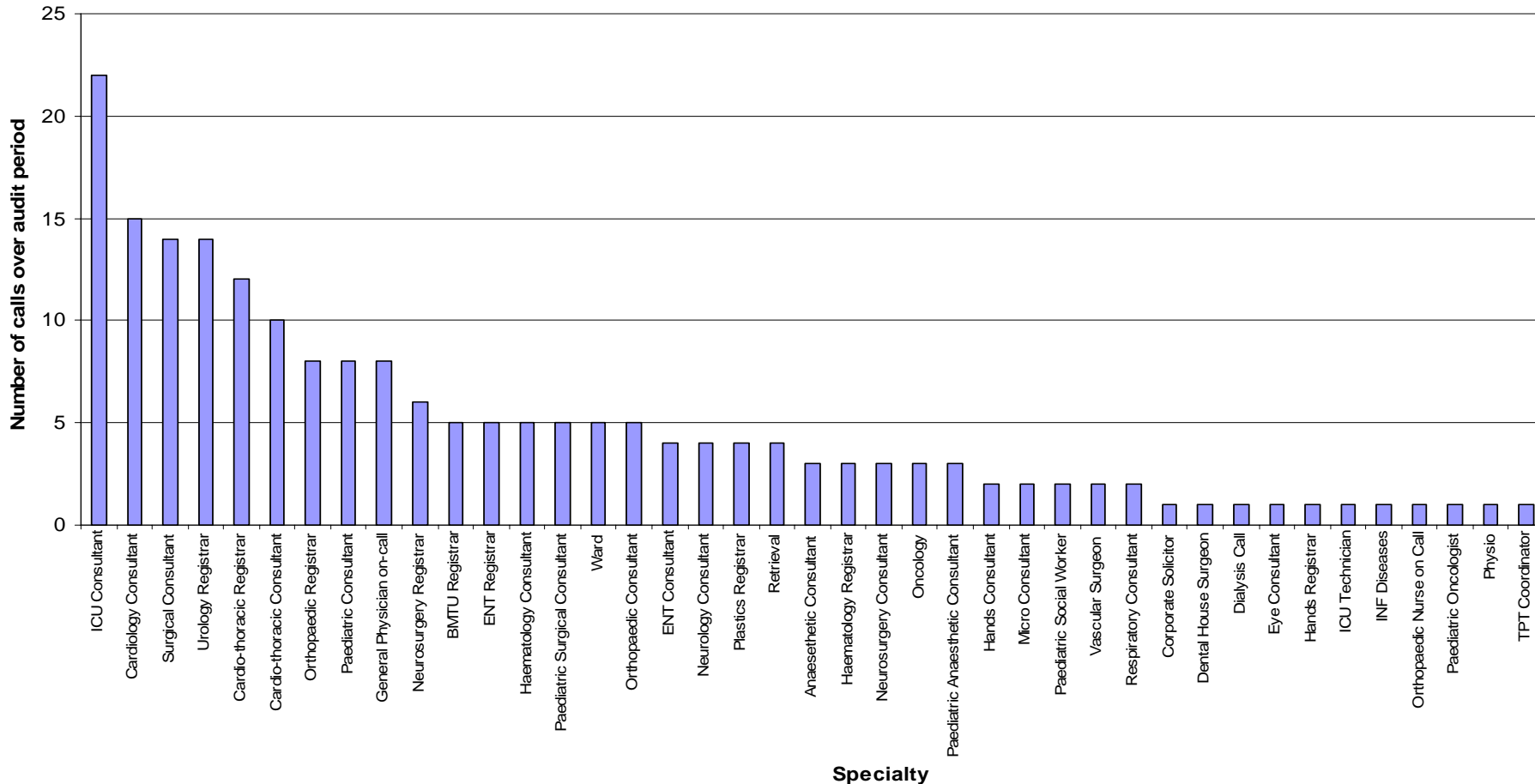
Number of occasions each RMO was engaged in an activity over the audit period/half-hour



Percentage of occasions RMOs engaged in an activity over audit period/half-hour



Telephone calls made to Specialties



FINDINGS

- Lack of horizontal teamwork
- Variations in workload
- Leadership at night
- Generic tasks
- Need for Beep policy
- Lack of Handover
- Confirmed anecdotal reports and mirrored the NHS findings

NEXT STEPS

- Workshop (May 2005) - *Are you prepared to try working together in a different way?*
- Focus on adult in-patient care within Medical and Surgical division and the required support systems
- Consultation document (September 2005) - Night team coordination, medical leadership, handover, communication/technology, location

CONSULTATION FEEDBACK

- Establish coordination first ie NTC role, handover, communication, location
- Use existing medical leadership pathways more effectively
- Communication pathways for night team requests ie verbal orders, speciality patients.
- Review linkages with existing services/roles ie ICU Outreach, Duty Manager, Resource Nurse

AFTER HOURS MODEL OF CARE

What are we looking for?

- A better experience for patients
 - Quality and safety improvement
- A better experience for staff
 - Reduced stress
- A better training experience
 - Learning by succeeding

Stage 1. Night team coordinators Appointed Feb. 2007

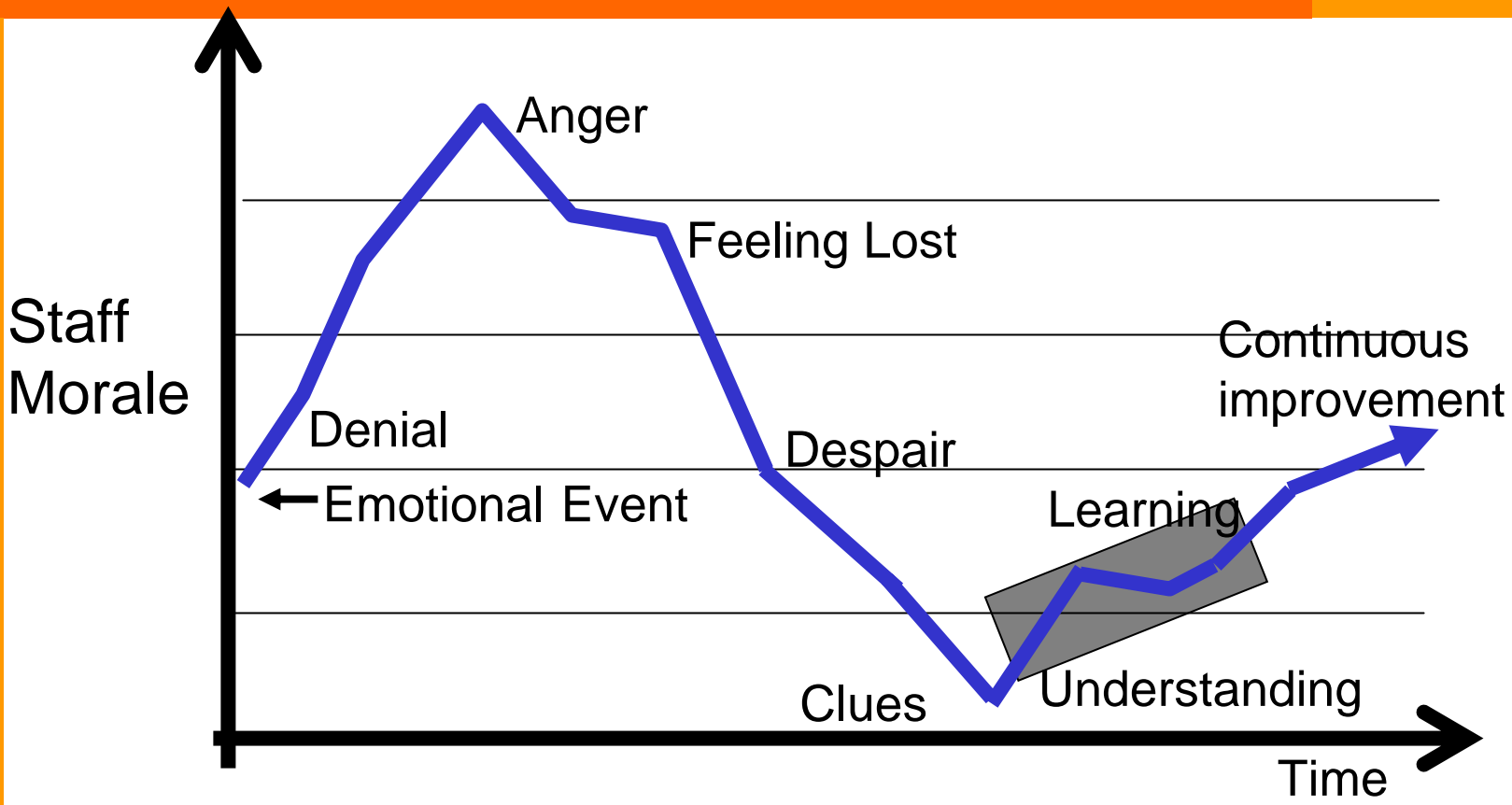
- Experienced clinicians with good communication skills
- Cultural challenges
- Beep filtering
- Rapid acceptance by junior doctors
- Handover training

Evaluation of stage 1.

- Re-audit
- Survey staff opinions
- Case studies & incident reports
- Recommendations – operational – industrial – extend coordination to weekends – coordinator training – define competencies required after hours

Remember - change is difficult

The nerve curve



What worked? What didn't? Why?

CONTACT DETAILS

Web site for:

“Christchurch Hospital at Night, an Audit of Medical Activity From 2230 to 0800 Hours”

<http://www.cdhb.govt.nz/communications/medical/chc-hosp-night-240205.pdf>

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