

Taking Care 24/7: The impact on patient safety

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Main topics

- Taking Care 24/7
- Junior and Senior doctor rota
- ED admissions
 - Medical
 - Non-medical
- Team working on ACU
- Handovers
- Innovations
 - IT, discharge teams, primary care

Taking Care 24/7

- Group of pilots that looked at new ways of working for healthcare services over the full 24 hour day. Five pilot projects in this area were announced in November 2006.

The pilots awarded (by Skills for Health - Workforce Projects Team) looked at the development of different models of service provision

- Aim: to support healthcare organisations refocus ways of working to reduce the dependence on junior medical staff
- The successful schemes, new initiatives ranging from:
 - redesigning the management of people with acute illness
 - reconfiguration of teams in teaching hospitals
 - mental health trusts adopting a Hospital at Night team working model for the full hospital day.

5 successful pilots

- **West Dorset Health Community**
 - work between the hospital trust, PCTs ambulance service, practice based commissioning GPs and local council to introduce multidisciplinary acute illness assessment and care pathways across the community.
- **Guy's and St Thomas' NHS Foundation Trust**
 - extending the Hospital at Night model of team working across the full 24 hours, separating acute care and planned care.
- **East Sussex**
 - an alternative model of care for patients attending accident and emergency departments in Hastings and Eastbourne that provides effective 24/7 care to the local population.
- **Homerton University Hospital NHS Foundation Trust**
 - an urgent care model proposing an increase in emergency management and assessment beds, new emergency care rotas and enhanced team working roles.
- **Manchester Mental health and Social Care Trust**
 - applying the principle of workforce redesign and Hospital at Night reconfiguration to an integrated mental health economy of three psychiatric hospitals linked to three acute trusts in the city.

Junior doctor rota

- Block segregation
- Initial discontent
- IMPACT
 - Improved continuity
 - Improved acute skills during block

ED admissions

- Medical
 - Medical Reg in ED
 - Team on ACU
- Non-medical
 - Med-surgical conflict
 - Unexpected absence of surgical registrar
- IMPACT
 - Improved team working and holistic patient care

Team working on ACU

- Ensure safety of all patients
- ACU (med) registrar aware of issues for all patients
- Non medical specialist input called for as required
- Best example: fractured neck of femur

Handovers

- Crucial
- 1030
 - Pillar of the day
 - Medical, surgical, ITU, nurses, physiotherapy, FRDT, CSM
- 1630 – ‘twilight’
- 2130 – HAN
 - Targeted patients
- IMPACT
 - Patients seen more and less often: improved SMR

Innovations

- IT
 - Quality clinical note keeping
 - Automated discharge summaries
- Discharge teams
 - SW and PT (FRDT) at handovers and close working relationship
- Primary care
 - ‘Hospitalist’