

NORTHWICK PARK HANDBOOK OF CLINICAL MEDICINE

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Identification of problem

In a 500 bedded DGH in Greater London; an average Acute Medical Take of 75 patients per day are covered by 22 acute medical SHO's and 24 SHO's rotating through ward cover. A new pattern of work developed this year comprised of new shifts, bleep system doctors. 'Ward block' and 'Acute block' comprised of over 20 different shifts. Verbal feedback following induction identified many doctors were still unclear about a number of areas pertaining to their work and nurses did not know who to contact or how. Previous introduction documents no longer contained up to date information and were not easily accessible.

	Not clear at all - no information available even on request	Not clear - information only available on asking other doctors	Not clear - information only available on request (eg. from HR, rota coordinators)	Clear - some information provided	Very clear information provided
Where to go at the start of the shift	0	13	6	6	4
What bleep you cover on call	1	11	9	5	3
Where to find your bleep on call	1	18	2	5	3
Who to handover to	3	12	4	7	3
Who to escalate to	0	12	1	12	4
How to contact the person to escalate too	2	12	1	10	4

Analysis of problem & Aims

An online survey was sent to all medical SHO's working in new work pattern. 29 respondees included FY2's, core trainees and trust grades. The main problems identified displayed in Table 1. 96% of respondees answered 'yes' when asked if they would have liked to have had more information prior to starting their job. The above was discussed in monthly junior doctor representative meeting in which consultants and managerial staff attend where the idea to create the booklet was first presented. The aim was to make it clear and easily accessible in order to improve knowledge about job roles.

Intervention

Step 1: Checking and creating correct bleeps.

Step 2: Go through all the job plans and make a 'SOCRATES' type table of information.

Step 3: Combine all into handbook.

Step 4: Circulate first handbook out with repeat online survey with option for comments and any corrections required. Also discussed in meeting and consultant/managerial feedback.

Step 5: Distributed in online format for smartphones, physical copies available at induction and daily meetings and advertised throughout the year verbally and via email.

Step 6: Cycle done every 2 months to add any new changes and recirculated

The handbook was developed over a 3 week period working alongside SHO's, rota coordinators, consultants, managers and switchboard. Shared involvement in its creation by a number of multidisciplinary stakeholders meant sustained energy for distribution via a number of channels.

Long day 08:30 20:00		On-call Clerking
Bleep 007 - 1 SHO		
Bleep 178 - 1 SHO		
Site	Where to go	Collect 007 (night sho in A&E) + open AMT & start clerking
Onset	Start time	8.30am
Character	Job description	Clerking Cardiac arrests NOT MET calls
Radiation	What do you cover	New take patients
Associated	Who to escalate to/how to contact them	Take SpR 003
Timing	When to handover	8pm
Exacerbating/relieving	Who to handover to	Bleep 157/158 (twilight SHO's)+ give 007 to them
Severity	Busy rating	Busy in the evening
Systems review	Other useful information	NB - SpR starts at 9am

	Yes - makes it much more clear	Yes - somewhat more clear	No - does not make it more clear	N/A - Was already clear from induction talks
Where to go at the start of the shift	25	5	1	1
What bleep you cover on call	26	4	1	1
Where to find your bleep on call	24	5	2	1
Who to handover to	25	6	1	0
Who to escalate to	26	5	1	0
How to contact the person to escalate too	25	6	1	0

Measurement of improvement

A repeat online survey was conducted. 94% of 32 responders answered overall they found the booklet useful and would have been beneficial prior to starting their job. Table 2 details answer to the question 'Do you think the handbook makes the following more clear?'

Lessons learnt

Access to information was a key failure identified in the initial feedback during identification of the problem. Thus in order for successful implementation of change it was important to ensure information was available in a variety of different formats. By having a number of 'change champions' it ensured the project continued to have energy and will anticipate the problem of information becoming out of date. The handbook increased clarity in SHO's roles and as a result there was reduction in complaints from both doctors and nurses was noted at every 2 month job changeover.