

Doctors Work Reform and Patient Safety

HA Convention Hong Kong

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Patient safety through work reforms

- Why are changes needed ?
- How did we do it in UK ?
- What areas, if any, may be useful to HK?
- Where are the future directions ?

Challenges for a modern health care system

- Instant ,fast and free transmission of data and information
- Explosion of understanding of the complexity of diseases, its diagnosis and management

For the provider :

- constant need for professional development
- high expectations of skills, and its safe application
- work life balance

For the consumers

expect that such delivery of care , esp. in the hospital setting, should be speedy , responsive and safe.

- The needs of both the providers and the consumers are both legitimate and therefore must be addressed .
- The objective, therefore ,is how to improve patient's safety through changes in delivery of services for the benefits of both.

The drivers for change in the UK

- Patient safety
- Legislative
 - European Working Time Directive
 - 2004 58 hours / week
 - 2009 48 hours / week
- Workforce
 - Changes in workforce planning
 - Modernising medical & nursing careers

In UK, the H@N (Hospital at Night) model was chosen as a pilot tool to address such changes.

Why H@N?

Traditionally,

- Silo Team working (vertical integration)
- Sickest patients referred to most junior, and tired trainee
- Minimal supervision
- Skills & competences not standardised

Key H@N themes

- Strong clinical advocates and leadership
- An uniform language of communication e.g. MEWS , SBAR score
- Use of hospital specific guidelines and protocol
- Proper handover
- MDT Team work based on core competencies
- Development of specific training tools for clinical procedures and competencies
- Assess safety data

The Principle of the Approach is to use standardized pathway with standardized communication tool for a team of professional health care workers, working on shifts and in teams, backed up by specialized team from home to improve safety.

There is a clear linkage of delivery of H@N to Executive & Clinical leadership

- 93% of Trusts stated they had an Executive and Medical Director sponsoring
- 7% - did not have executive support, most also did not have implementation group or clinical champion

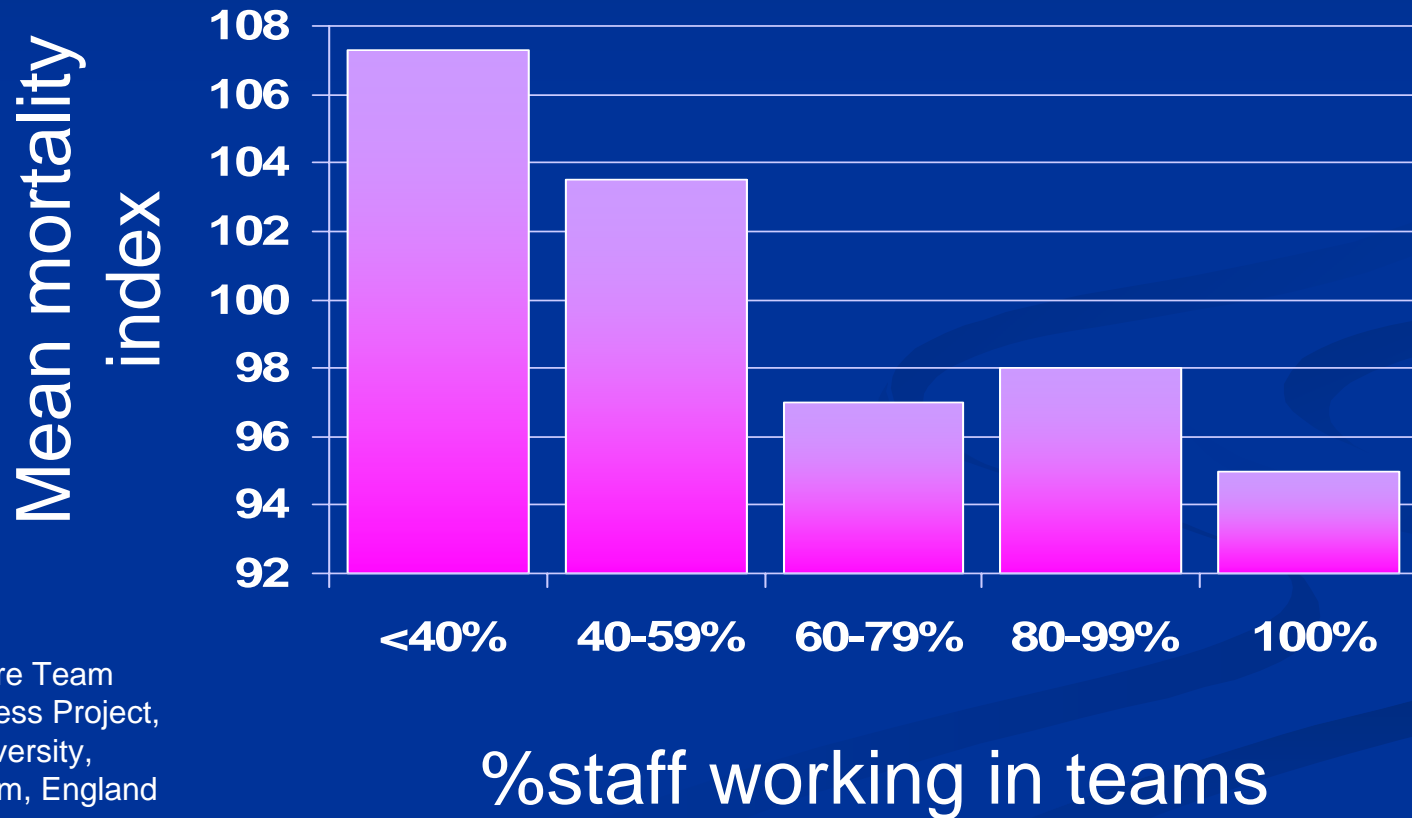
The majority of Trusts have risk scoring systems in place

- Over 50% are of Trusts using MEWS scoring systems to prioritise patients
- 64% are testing protocols to determine how long patients can wait for assessment
- 64% have some degree of integration to CCOT

Majority of Trusts have incorporated handover with the majority having bleep policies in place

- 78% of Trusts had a handover policy
- 66% had a designated H@N leader role
- 34% identified H@N team leader at handover

Teams save lives



Source:
Health Care Team
Effectiveness Project,
Aston University,
Birmingham, England

Performance and Safety Data

- Cardiac arrest rate
- Mortality rate
- Critical Incident rate
- Patient's survey
- Doctor's appraisal
- Complaints rate
- Average length of stay

Performance and Safety Data

- Cardiac arrest rate
- Critical Incident rate
- Average length of stay



- | | |
|----------------------|-----------|
| ■ Mortality rate | no change |
| ■ Patient's survey | no issues |
| ■ Doctor's appraisal | variable |
| ■ Complaints rate | no change |

Case 1

Time of call	0030
Time of arrival	0035
Ward	Medical
Caller	Staff nurse
Reason for call	Chest pain, clammy and dyspnoea
Action	ECG, blood tests, high flow oxygen
Attended by	Nurse Practitioner (HECs), Resident MO
Outcome	Transfer to CCU for thrombolysis
Duration of event	75 minutes

Case 2

Time of call	0500
Time of arrival	0503
Ward	Orthopaedic, called by staff nurse
Reason for call	Wound bleeding, hypotension, tachycardia
Action	Wide bore cannula inserted, gelofusine given, blood cross matched, anaesthetist and orthopaedic resident contacted
Attended by	Nurse Practitioner
Outcome	Transfer to theatre
Duration of event	45 minutes

Junior Doctor quotes

‘The night nurses are very helpful in giving all sorts of advice on many different situations encountered at night and advised me on hospital clinical protocols’

Work Reform

S	specific
M	measurable
A	achievable
R	realistic
T	timeline
E	enthusiasm
R	resource

Providers

Expectations
Partnerships
Planning

Consumers

Health Care improvement through Reform

- Excellence is the result of.....

Caring more than others think is wise,
Risking more than others think is safe,
Doing more than others think is possible,
And expecting more than others think is feasible.

Author unknown