

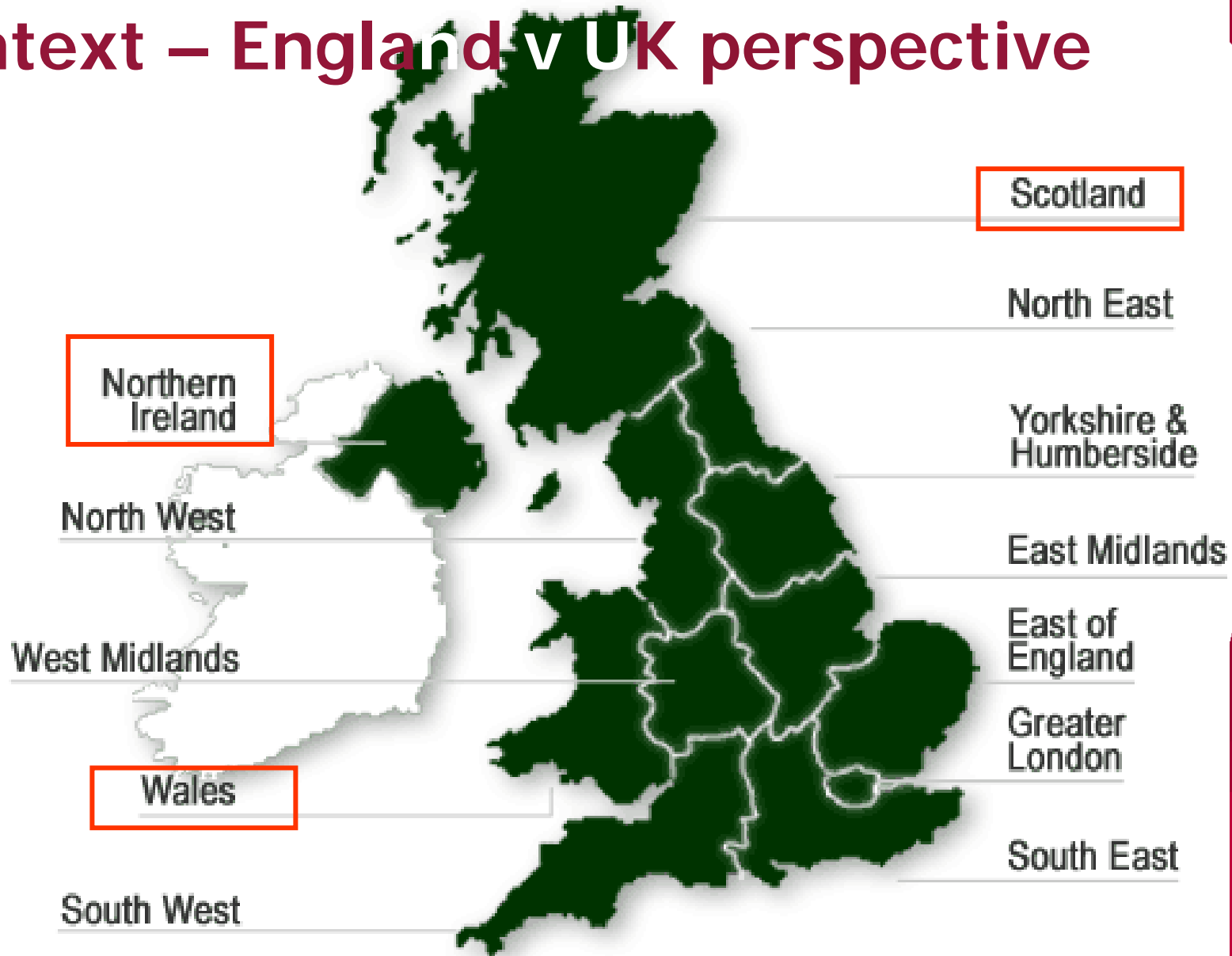
Hospital at Night – Safer care Safer training the UK learning five years on

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Projects

Context – England v UK perspective



England Context

- Population 50,763,000 (2001)
- 394 NHS Trusts*
- 167,000 beds
- 600,000 nurses, midwives and allied health professionals
- Junior Doctors in training: 37773 (2008)

The trouble with night shifts

- Social and professional isolation
- More errors are made at night
- Night shift work is associated with poor sleep
- Sleep deprivation is associated with error
- Workers' health suffers
- Accident rates go up
- Learning is impaired

What is Hospital at Night?

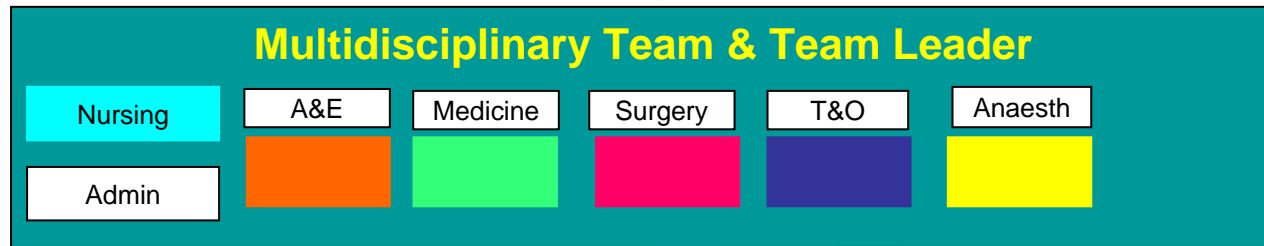
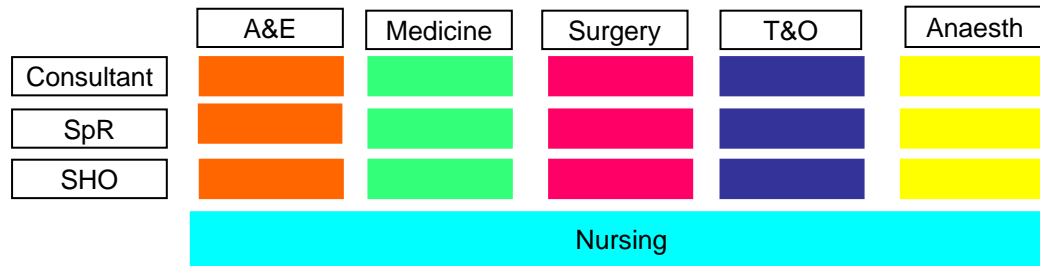
Hospital at Night is:

- Patient centred solution
- Consists of one or more multi-professional teams.
- Full range of skills and competences
- Ability to meet the immediate and urgent needs to patients.
- Can call in specialist expertise when the patient needs it.
- Co-ordinated approach

In the UK, the H@N model was adopted

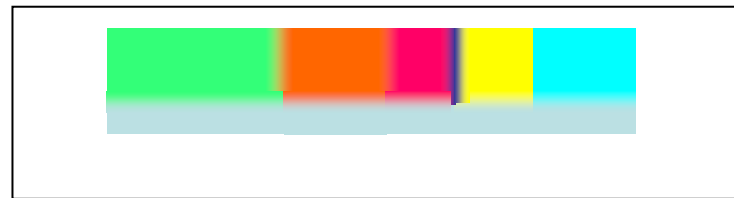
- 2003/4 Piloted in 4 Trusts (6 sites)
- 2004 External Evaluation
- 2004 Implementation encouraged across NHS
- 2006 England-wide baseline assessment
- 2007 Launched set national nurse competences
- 2007 Developed a business case & benefits paper
- 2007 Extended to OOH & 24/7 Pilots
- **2008 Re-assessment UK-wide***
- **2008 H@N Evidence report***

Competency based team



Gain: new competencies

Resize the team



The model team (2007)

Model HAN team

Hospital at Night nurse coordinator – (Band 7)

St3+ (SpR) - Medicine * (1), Surgery * (1) ITU (1)

St 1- 2 (SHO) – Medicine (1), Surgery (1), T&O (1), ITU (1)

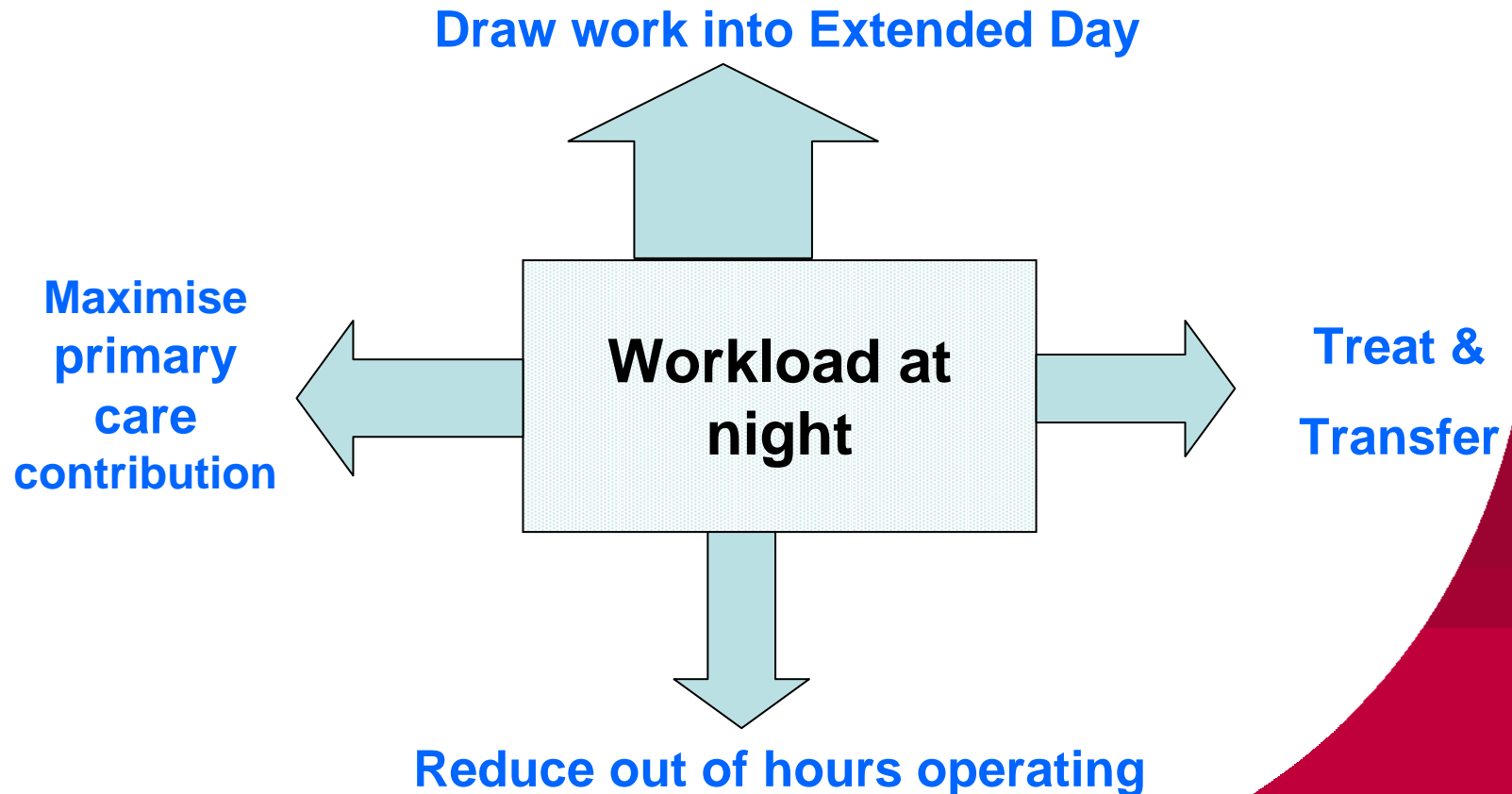
F1 – Medicine (1), Surgery (1)

Figure 2

** All references to Medicine and Surgery in this figure include sub-specialties*

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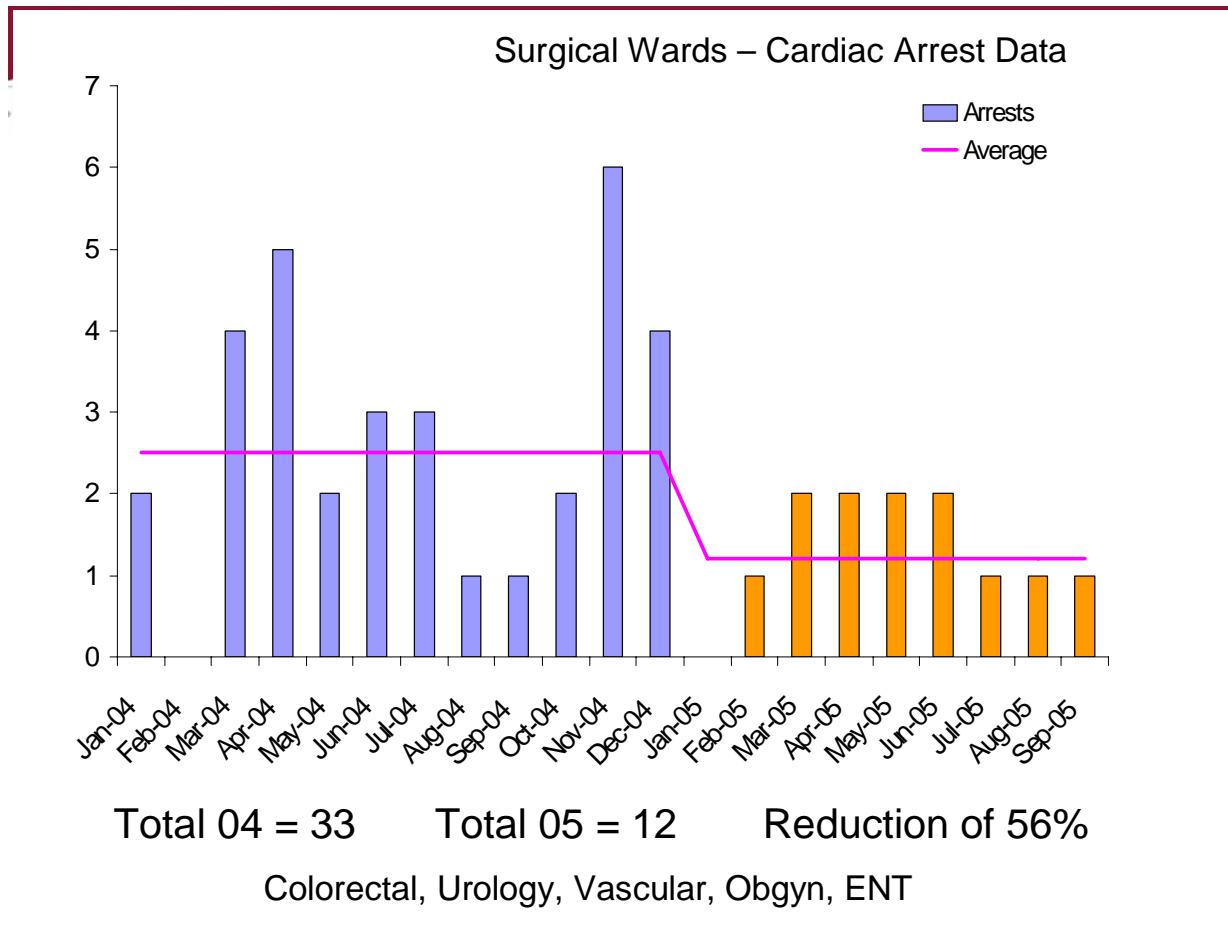
Whole System Approach



Benefits of H@N

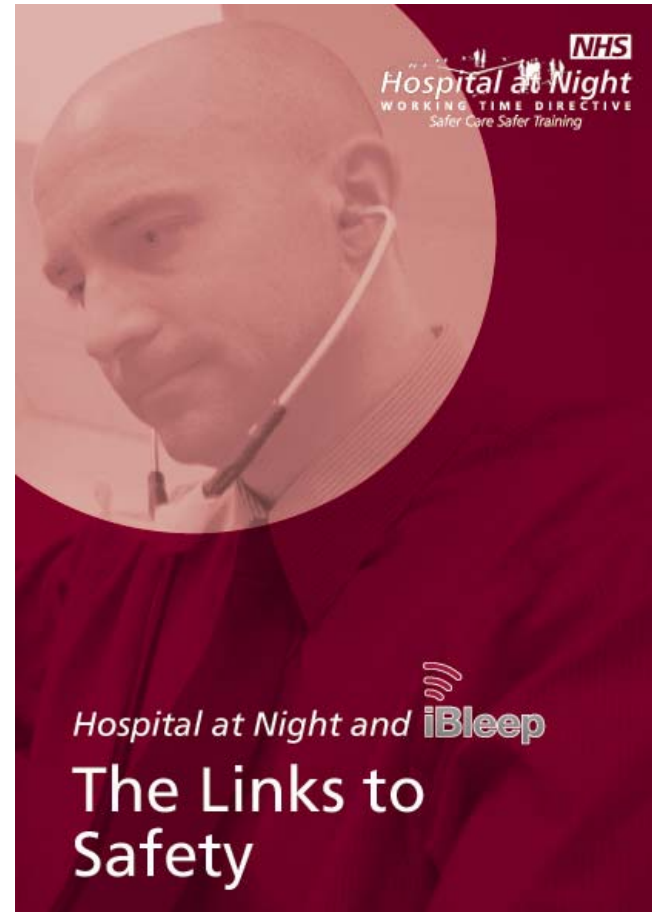
- **Concept**
 - Right person
 - Right skills
 - Right time
- **Result**
 - Faster treatment, better outcomes, satisfied patients
 - Reduces length of stay & mortality
 - Retention of competent senior nursing staff

Safety Agenda



iBleep

- MEWS Scoring
- Reducing number of calls
- Patient prioritisation

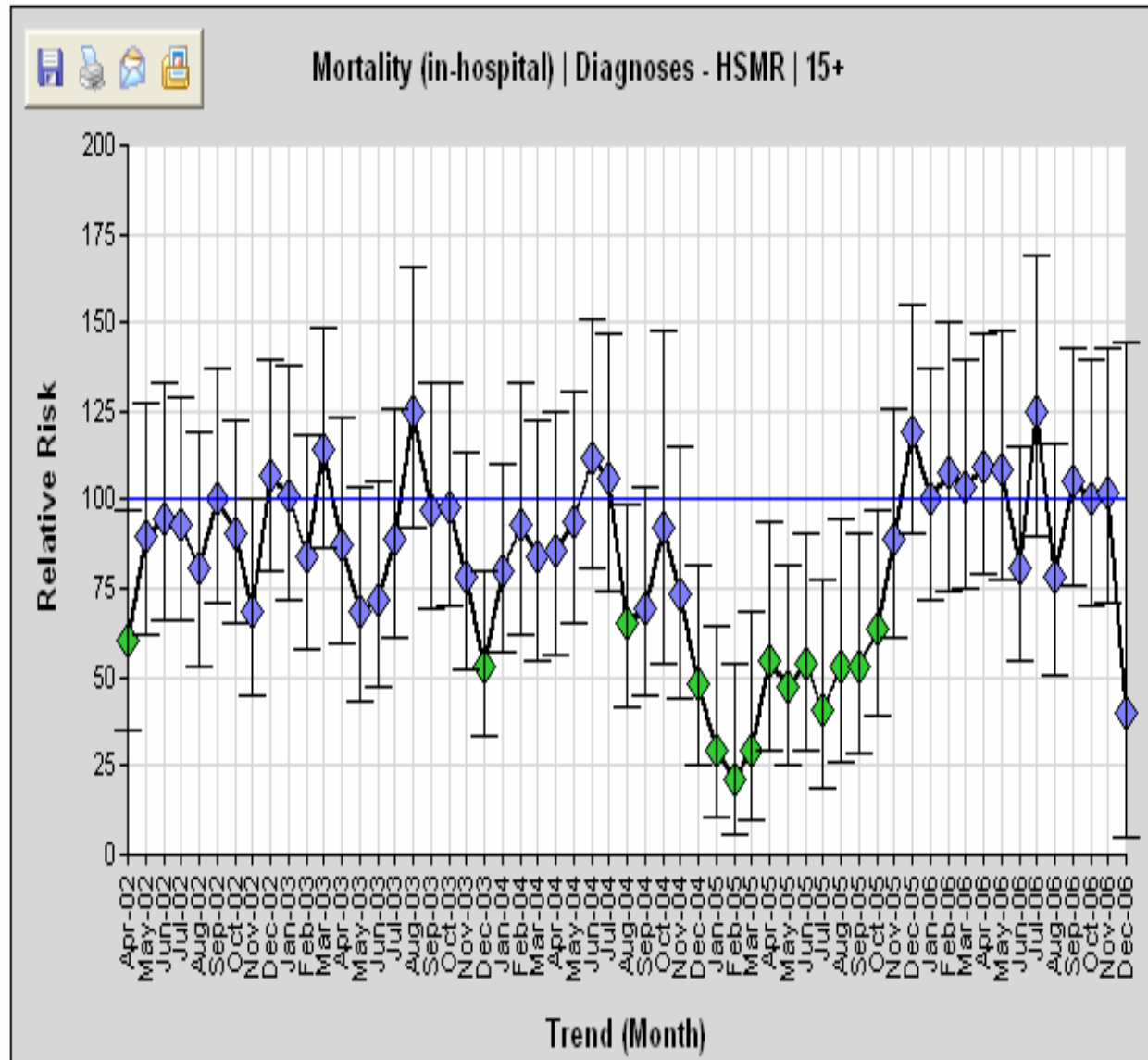


Basket: **Diagnoses - HSMR**
 Outcome: **Mortality (in-hospital)**

Chapter: **All**
 Diagnosis: **All**
 Department: **All**
 Team: **All**

Admission type: **All**
 Sex: **All**
 Age Range: **15+**
 Deprivation: **All**

Spells: **29702**
 Superspells: **29493 (23798/5695)**
 First / Last: **Apr-02 / Dec-06**
 Deaths: **1668 (5.7%)**
 Expected: **1929.3 (6.5%)**
 O-E: **-261.3 (-9%)**
 Relative Risk: **86.5 (82.4-90.7)**
 LoS: **12.1 / 10.7**



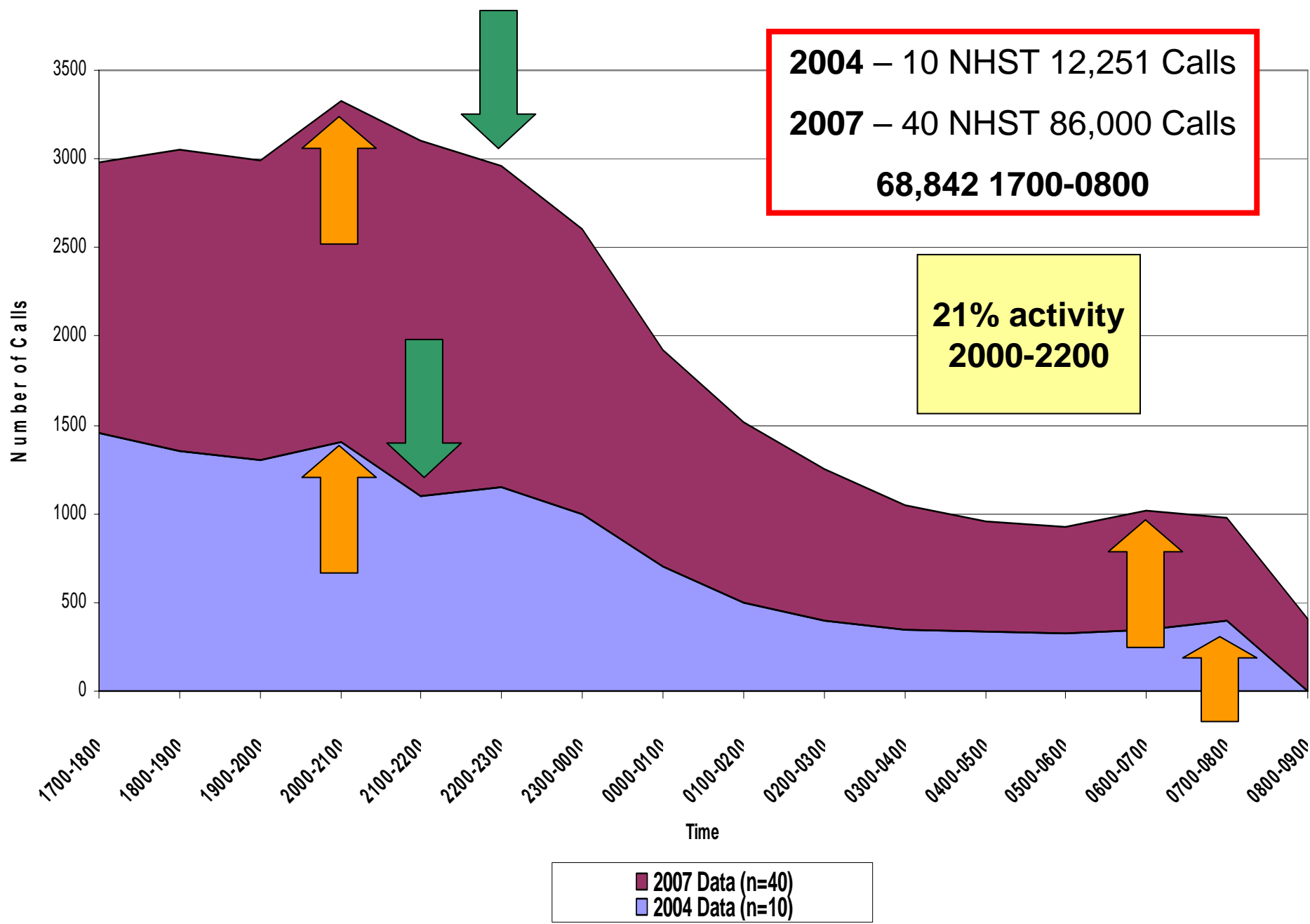
Handover : Medical trainees only

	None	Informal	A phone call or email	An organised meeting doctors	An organised meeting doctors & nurses
No H@N N = 3,993	1.2%	44.4%	5.2%	32.0%	17.1%
H@N N = 1,228	2.0%	20.0%	5.5%	24.3%	48.2%

How achieved?

- Analysing activity of out of hours teams
 - What activity
 - need delivering by a doctor?
 - can be delivered by a registered healthcare professional?
 - can be undertaken by an *unregistered* health professional?
 - does not need doing at all?

Calls



Substitution

- **Role substitution**
 - ‘Extending the *tasks* of nurses to release doctor time.
 - Creation of Clinical Support Worker roles’
- **Pathway substitution**
 - Using elements of role to substitute pathways
 - e.g. Clinical Site Manager assessing & treating

Role of the H@N Coordinator / Practitioner

- National competency framework
- Developed in partnership with Higher Education provider.

Competences

- **Clinical Duties**
- **Co-ordination duties**
- **Clinical Governance**
- **Professional**



Key benefits of advanced nurses:

- Provides stability for rotating teams
- Interface between clinical management & operational services.
- Provides operational and team leadership
- Competent practitioners patient assessments
- Patient safety and outcomes focussed

Skills sets required for advanced practice nurses

- Developed
 - acute assessment skills
 - problem solving skills
 - Prioritising of patients skills
- Rapid response and intervention of acutely ill patient
- Leadership and supportive role to medical and other healthcare staff

Developing these roles:

Competences are transferable

Confidence is not always

What makes development of H@N difficult?

- Specialty and Professional protectionism
- Developing a 'night safe practitioner' is not something all specialties will contribute to
- Night work becomes a silo for non consultant career doctors
- Other agendas: e.g. Finance
- Challenge of speciality and/or rural sites

Summary & H@N Key Messages

- Implementation needs:
 - Board, clinical & project management involvement
 - Data to understand who is doing what
 - Stakeholder engagement
- Tired staff are unsafe
- Bad Teamwork is worse than no teamwork at all
- Leadership is not by doctors necessarily
- H@N supports the era of patient centered care

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