Improving quality and patient safety at night: a Junior Doctor perspective

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ALPA says scientific report on 10-hour pilots’ night-time flying ignored
One night doctor to look after 400 hospital patients as 48-hour working week cuts cover

By JENNY HOPE
UPDATED: 0829, 21 April 2010

Ban junior doctors working unsupervised at night, says coroner

A coroner has criticised "serious failings" in the care a woman received at hospital and called for a ban on junior doctors having to work unsupervised at night after it emerged they were poorly supported and not listened to by senior staff.
Impact of night working

Benefits of shift and night working
- Rotas can be responsive to peaks and troughs in demand
- Higher earnings for employees
- Employees can use shops and social facilities at times when they are less crowded.

Organisational
- Increased sickness absence
- Reduced productivity
- Increased ill health retirement
- High levels of staff turnover.

Individual
- Fatigue:
  - Slowed reactions
  - More errors
  - Difficulty concentrating
  - Frequent lapses in attention and memory
  - Irritability
- More gastric disturbances
- More cardiovascular disease
- Negative effects on relationships
- Anxiety and depression.
Figure 1: The estimated risk of accidents in shift workers, related to length of shift.\textsuperscript{7,8} An 8-hour shift has been set to have an estimated risk of 1.0, with all other shifts relative to this.

Figure 2: The estimated risk of accidents in shift workers, related to the number of successive shifts and whether they are day or night shifts.\textsuperscript{7,8} The first day shift has been set to have a relative risk of 1.0 and all other shifts are relative to this.
Unsocial hours and night working

Introduction

Rotational shift workers account for more than a fifth of the NHS workforce and enable the NHS to offer patients 24-hour care. The 2003 staff survey revealed that shift workers had negative experiences compared with non-shift workers. They reported a poorer work-life balance, less team working, poorer job design and less job satisfaction. They are up to seven times more likely to experience violence and are also more likely to see errors and incidents.

Based on the findings of the 2003 NHS staff survey, the Healthcare Commission made the following recommendation:

“The Department of Health, the employers organisation and other national agencies should develop guidance and policies to assist organisations in improving the work experience and management of shift workers.”

[1] This section dealt with the role of occupational health in relation to the...
Impact in practice

- 91.6% junior doctors work night shifts
- Prior to starting night shifts, 65% do not have a ‘prophylactic’ afternoon nap.
- 49% can access a room with a reclining chair
- 24% have a room with a bed.
- 37% ‘never’ achieve a ‘natural break’ on night shift
- 53% ‘never’ achieve the recommended 20–45 min nap.
- 91% of respondents were unaware of the duration of sleep inertia that can affect alertness upon waking.
- When converting between day/night shifts 6% use non-benzodiazepine sedatives.

_Free text analysis:_ feeling lethargic or unwell during night shifts, concern for patient/personal safety, inability to rest/take breaks.
Junior Doctor goals

- Foundation Programme completion
- Deanery training: Career progression
- SUIs, reflective practice, audit
- Commitment to high quality care, professionalism

NIGHTSHIFT GOALS
- Lead the team
- Independent learning
- Independent management
- Independent decision making
- Independent operating/hands on skills
- Ability to escalate and call upon help where appropriate
Trust responsibilities

- Must have arrangements in place to support doctors in meeting their training needs
- Trusts must have the resources available for juniors to develop their competencies
- Trusts must meet standards related to clinical care, as inspected by the NHSLA and CQC
Current solutions

• Hospital at Night
• Auditing practice – a way in which drs can demonstrate initiative, interest and commitment to progress in career
• Induction – trust policy, training, sources of information/support, contact details
• Junior doctor rotas
• Monitor outcomes: SUIs during the night? Materno/fetal morbidity/mortality
Junior doctor rotas

• EWTD v New Deal compliance
• Review regularly
  – Obtain feedback on its success
• Involve current junior staff
• Look at training needs at each tier
• Audit experience regularly
Systemic influence

• Standardised protocols
  – 2222 calls, blood requests, X ray, bleep systems
• Good team network of support
• Ability to escalate where appropriate
• Ability to communicate cross-specialty
• Constructive feedback
Forthcoming solutions

- Consultant delivered care
- Team based day, for feedback
- Incentives to change - prizes
- Communication: the Green room, kwiki
- Empower junior doctors – give input, participate in decisions, responsible for process and strategy
Conclusion

• Work with junior doctors
• Escalation and support network
• Emphasis on training
References

• Pounder R et al 2004, European Junior Doctors who work at night (Eurohealth (12):4)