

Improving patient outcomes – Hospital at Night

Project aim

The introduction of a Hospital at Night model for delivering hospital care services out of hours.
This model includes the introduction of two electronic applications - an **electronic handover tool** that will remove the need for paper handover sheets and a **electronic Hospital at Night application** that will support task allocation out of hours and weekends. To date, the electronic task allocation process has been implemented.



Project team

- Dr Mark Gregory—Project Lead
- Toni Wright—Project Lead
- Ian Hanmore—Project Lead
- Dr. Ganesh Arunachalam – Project Lead
- Dr Nabeel Naban – Core Medical Trainee
- Kevin Jennings—Project Manager
- Dr Sri Redla, Nuala Jennings & Ajay Sooknah – Senior Programme Triumvirate

Timeline for delivery

From: February 2019 To: March 2020

Measures

- The data being monitored to ensure that the project is having a tangible impact post implementation is;
- Shorter handover times for doctors who are able to concentrate on the more complex cases only in their verbal handover—improved “visibility” of the night team
 - Fewer interruptions for on call staff who are now able to differentiate audibly between urgent calls and non-urgent calls—an average of 70 tasks raised per night

Tests for change

- Develop a bespoke mobile IT solution that could help meet the objectives of improving patient safety over night while making best use of the clinical teams on duty
- Manage the transition between the old manual handover to the new Hospital at Night Electronic systems safely and achieve strong clinical engagement

Results

Dragons' Den Grand Round sees quality improvement initiatives

In a recent edition we celebrated the work of everyone who took part in our own PAHT Dragons Den. Here is more information about the projects.

Four projects that teams had been working on were put under the spotlight. The teams were competing for the Dragons' accolade and a prize of £250, hosted by Dr Andy Morris, the chief medical officer.

The winning presentation on the day was Hospital at Night, led by Dr Mark Gregory and Toni Wright, lead nurse - outpatients services. Their pitch was the result of collaboration with Quality First and other colleagues throughout the trust (clinicians, ward nurses, site and operational teams)

To demonstrate their project, Mark and Toni outlined the issues. The handover from day to night-time care of patients involves many healthcare professions - doctors, nurses, critical care outreach, site managers as well as healthcare assistant support. Without a formal agenda, the handover process was variable.

The team looked at how to create a standardised process, where there was a consistent approach to the handover from the day to night teams. This was seen as a key to enhancing teamwork, eliminating inefficiencies, and identifying the most important tasks that needed to be completed over-night.

In the absence of a set system, doctors were receiving approximately 70 bleeps a shift. This meant that often they could be dealing with one patient, when they were called by a nurse for support in another part of the hospital. This could happen several times a shift. The project team saw technology as a key to solving this issue and revolutionising the existing process.

They developed a defined set of protocols utilising the Nervecentre system working with a number of teams in the trust. The resulting Hospital at Night project was launched on 15 July.

Ward nurses and doctors now enter tasks onto the Nervecentre system. The co-ordinator (site manager), triages these tasks using set protocols. Doctors are offered relevant tasks via a handheld device, in order of importance with these tasks forming their paperless 'night list' of tasks. Doctors sign off tasks once complete, allowing the co-ordinator to assess doctor workload and understand if the work needs to be load balanced. Tasks identified at handover can be pre-loaded onto the system either marked as ASAP or with a specific time for the task.

The system is embedding well and has been very well received. Read more about the Dragons Den style presentations [here](#).

Learning and next steps

Key Learning Points from the project

- To produce an electronic patient list handover process—e-Lists;
- To improve the communication between clinicians and ward staff to ensure consistent and contemporaneous handover across the organisation

