Which Doctor?

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SMART Aim

To devise and introduce a simple process that would aid staff members in identifying FY1 Doctors covering each team on any particular day on wards C14&C18 over one month, thereby improving ward efficiency.

Introduction

• General Surgical wards (C14 & C18) in RBH are extremely busy wards with 12 consultants and 10 FY1s
• Identifying which surgical team members are responsible for the care of an individual patient is not straightforward.
• Surgical Consultants are split into 3 teams: Colorectal (Red), Colorectal (Blue) and Hepatobiliary.
• FY1s change every 4 months, and even while resident, they float between surgical teams depending on staffing needs.
• As a result, this volatile environment means other healthcare professionals spend excessive amounts of time finding the correct FY1 for each patient.

The Intervention

We developed a Doctor chart to be updated on a daily basis which would indicate which consultants working on each surgical team, and which FY1 Doctors are subsequently looking after each consultant's patients on any given day. This would include names, photographs and bleep numbers of each Doctor

Measures	Pre-intervention	Post-Intervention
Average time spent looking for the correct doctor	15-30 minutes	5-15 minutes
Number of Doctors spoken to before correct Doctor Identified	3 doctors	1 doctor
Awareness of teams and doctors	Poor	Much Improved
Delayed patient management	Majority Yes	Majority No

Benefits

• Huge decrease in time spent looking for the correct doctor, fewer doctors being spoken to before the correct one identified and a general improvement in understanding of consultant teams.
• Reduced any delay in managing patients and organising discharge.
• Improvement in inter-professional relationships and decreased frustration among the doctors and other healthcare professionals.

Recommendations

• We plan to continue this QI intervention on the same wards C14 & C18 for future doctors.

• We are considering whether this photo chart should include FY2s and registrars.

• Enrolling this intervention to other multi-specialty surgical wards.