

London's "Hospital at Night"–

A Model for Hours Reduction, Patient Safety & MD-RN Team-Building

Many U.S. residency programs are struggling to reduce resident work hours to limits that the scientific evidence says are safer than what the ACGME now allows. But it is no easy trick to reduce consecutive hours worked to no more than 12-16, while getting the work done, providing quality care and improving, not impeding, resident education. Best practices and innovative problem-solving are in high demand. The one described below – Hospital at Night – comes from the United Kingdom, which has done some serious hours reduction in the last few years.

Piloted in approximately 25 London-area hospitals, the Hospital at Night (HaN) project is now spreading across the UK. In 2006, former CIR President Dr. Barbie Gatton and Senior Area Director Sandy Shea spent three whirlwind days and nights visiting medical educators and HaN teams in three London hospitals to see the idea in action. CIR's hosts stressed that there was no one-size-fits-all version of Hospital at Night. Rather, each hospital must analyze how the work gets done and design their team size and composition accordingly. They also acknowledged that it worked better in some hospitals than in others, but that no one who had experienced it wanted to go back to "the old days." (To read CIR's complete Hospital at Night report, including a list of resources, go to www.cirseiu.org and click "Hospital at Night" under Valuable Resources.)

In 2004, the European Union Work Time Directive went into effect for physicians in training in the United Kingdom. Suddenly, hospitals were required to reduce scheduled in-hospital hours from about 72 per week to 56, with shifts no longer than 13 consecutive hours. The National Health Service, recognizing that hospitals would be strained by this dramatic change, provided start-up funds for the transition.

"The Trusts [hospitals] who just threw doctors at it [the hours reduction] are now trying to pay the bills," said Dr. Wendy Reid, a practicing Ob-Gyn attending and Post Graduate Dean, who oversees the national Hospital at Night project.

But the London Deanery, which trains the largest number of doctors in the UK, decided, according to Dr.



London Deanery Post Graduate Dean, Dr. Wendy Reid, heads the national Hospital at Night project.

Reid, to approach the problem differently. They observed that the hospital generally quiets down by late evening, except for care of the sickest patients, but that every service still had someone in house "watching their patch." Even so, their statistics showed that adverse patient care events tended to happen at night.

Why are Nights More Dangerous?

"We tried to look at improving patient care," Dr. Reid explained. "Why are patients at risk at night? We will always have people there waiting for the disaster in those specialties where instant response is vital – anesthesia, emergency medicine...But what are the training opportunities [for other specialties] after hours? What happens in the evening? We've got to stop this business of 'oh I'm just working,' but ask ourselves 'is this going to train you to be a better doctor? We mustn't allow routine work to spill over into the after hours because that ties up people in the wrong places doing the wrong jobs at the wrong time – and that's not safe.'"

Dr. Reid and her colleagues also observed that in general, across specialties, communication – between nurses and residents and residents and attendings – was sub-optimal; that the most junior residents were called first (with several subsequent calls up the chain of command until an attending was consulted); and that all residents on duty at night were constantly paged by nursing staff for questions large and small, interrupting their work and any rest they might be able to get while on call.



9 PM: the Hospital at Night team meeting at London's Homerton University Hospital Trust, with former CIR President Barbie Gatton (back row, far right) in attendance.

It Takes a Team

From these observations, the Hospital at Night project took hold: a multi-disciplinary team of medical and surgical residents, headed by a Clinical Site Manager, usually an experienced critical care nurse. The team identifies all seriously ill patients at two 20 minute hand offs that occur every 12 hours. These hand offs do *not* take the place of the normal handoffs that occur within the medical and surgical teams.

Instead, at about 9 PM the departing day team of medical and surgical residents and the Clinical Site Manager meet with the HaN team coming on duty at night to alert each other to the sickest patients and/or the ones that they are most concerned might become sicker over the night and need to go to the ICU.

Again in the morning at about 8 AM before going off duty, the night team of HaN residents and Clinical Site Manager meet with the incoming day residents and day CSM to once again alert each other to those patients who are most sick or of concern.

A "No Bleep" Policy

Hospital at Night's most innovative contribution, however, is the unique role of the nurse team leader and the "No Bleep" (aka "page") policy after the 9 PM hand off. "No more getting called at 4 in the morning to be asked to put in an IV," explained Dr. Jeremy Weinbren, Anesthetic consultant (attending) and head of HaN at Hillingdon Hospital, located in a suburb of London. "And you won't get called at 4 in the morning to be told you've

forgotten to write an order." The nurse team leader filters all calls. If he or she can answer the question, they will and if it's a request for service, like an IV that can't wait until morning, they will do it. If the call requires a physician, the team leader will contact the most appropriate level of medic on duty – the more serious the situation, the more senior the doctor, thereby passing "the Mum Test," e.g. would I want my very ill mother to be cared for by someone so junior? "It's clear what the lines of accountability are," sums up Dr. Reid. "It's not just the person the nurse manages to get on the phone. That can be very frightening for a nurse not to be able to reach a doctor...HaN is not just about reducing the number of doctors at night. You may need more doctors, but they just might be different doctors. On our Night Team, all can manage an arrest. Each has a role. They are all physicians who've been trained to care for the acutely ill. Nurses on the floors feel supported [by the nurse team leader], and physicians can get their work done, no longer constantly interrupted by pages."

At Guys and St. Thomas Trust, a large tertiary medical center with 1,200 beds at two sites in the center of London, Dr. Diana Hamilton-Fairley, HaN co-director, and Alison Hendron, head of inpatient nursing, marveled at an unanticipated outcome of the project that was echoed in the other hospitals CIR visited: less stressful, more collegial relationships between doctors and nurses. "It's led to a much greater respect," said Dr. Hamilton-Fairley, "and a much healthier, professional relationship."