

Being a 'Teams' player: a quality improvement project expanding the role of Microsoft Teams to improve communication and efficiency of junior doctors in a ward-based hospital setting

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Introduction

Since 2020, Microsoft Teams has been established as a reliable tool for delivering video call-based meetings and teaching sessions within the NHS.¹ However, its capabilities extend much further, allowing clinicians to share encrypted messages within designated 'Teams', undertake telephone calls and simultaneously edit live documents. Historically, ward-based junior doctors have used individual paper job lists despite the associated risks of task duplication and patient data breaches if lost. Furthermore, multiple messaging modalities are currently used for work-based communication, including pagers, texts and Whatsapp.²⁻⁴ This can result in failed communication attempts that hinder task allocation and performance, reducing junior doctor efficiency and ultimately delaying patient care. We strived to see whether adopting Microsoft Teams as a sole communication tool would improve junior doctor communication, teamwork and productivity.

Methods

A 'Team' was created on Microsoft Teams for a tertiary centre oncology department, with individual channels created for specific wards. Having confirmed data protection with the trust privacy officer, we generated a Microsoft Excel-based job list and Microsoft Word-based patient list that could be co-edited by any authorised users. The system was trialled from November 2022 to January 2023. During this time team members were encouraged to communicate via the encrypted messaging and manage workload via the shared electronic job list on Microsoft Teams. The impact on communication and work efficiency was assessed using questionnaires completed by senior house officers (SHOs). Uptake and use of Microsoft Teams-based messaging was compared with departmental Whatsapp groups by counting the number of clinical versus non-clinical message threads / discussions posted over time.

Results and discussion

Following the implementation of Microsoft Teams, SHOs reported an improvement in departmental communication and teamwork. The electronic job list was unanimously cited as a feature that

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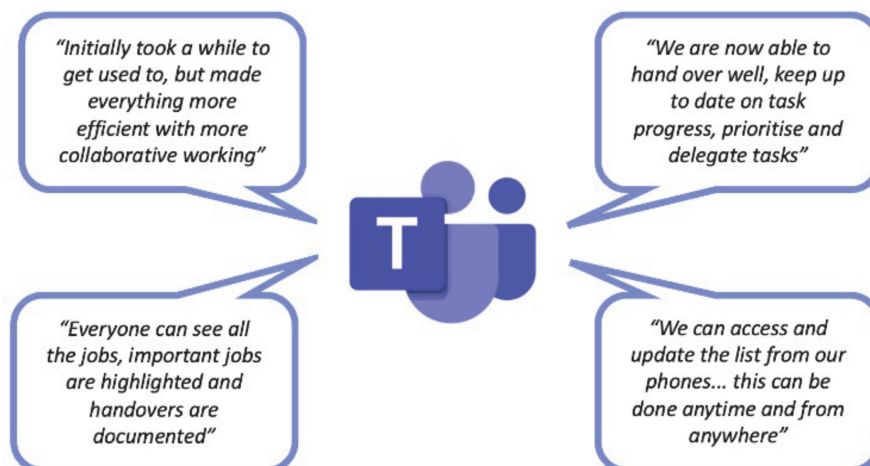


Fig 1. Questionnaire feedback on expanding the use of Microsoft Teams.

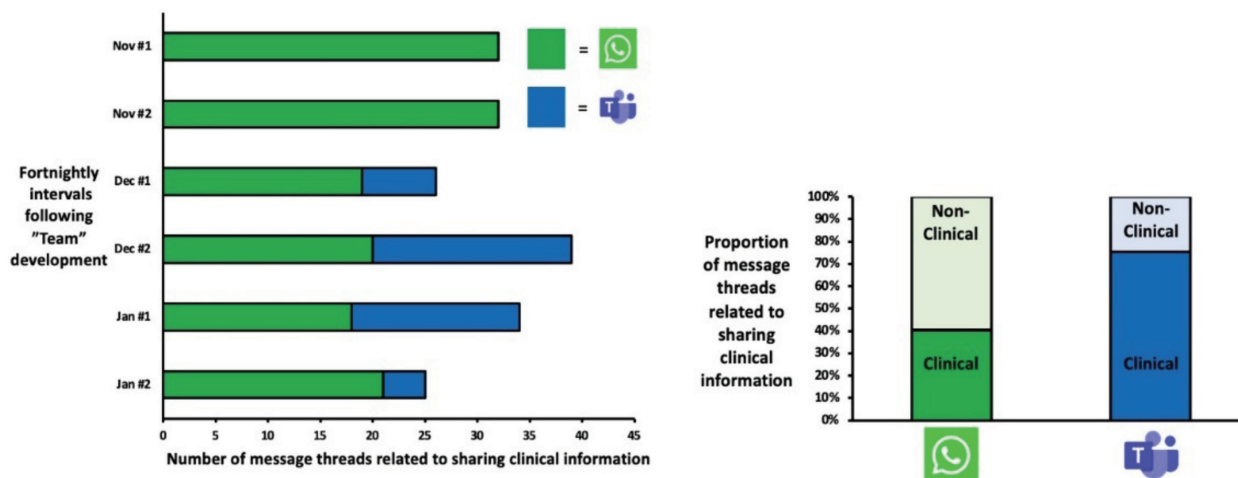


Fig 2. Microsoft Teams versus Whatsapp use for sharing clinical information.

expedited high priority task identification and facilitated easier handover of unwell patients / outstanding jobs to on-call teams (Fig 1). Eighty-six per cent of respondents felt that the system helped them to leave work on time. Our instant messaging audit found that 75% of threads on Microsoft Teams pertained to patient-related clinical matters versus only 40% on departmental Whatsapp groups (Fig 2). Nevertheless, during the assessment period, 67% of all clinical discussions took place on Whatsapp, suggesting that this remains the preferred communication platform (Fig 2). The positive data from this project have encouraged the oncology department to consider expanding the 'Team' to include consultant and specialist sub-team channels, including the metastatic spinal cord compression pathway. Similarly, other departments within the trust plan to trial the use of their own 'Team'. If well received, this offers scope for scalability, not only within individual trusts but across the NHS.

Conclusion

This project showed that departmental adoption of Microsoft Teams and its file-sharing capacity improved junior doctor job

prioritisation and task completion efficiency, with suspected faster delivery of patient care and reduced late finishing times. While clinical communication had not fully transitioned to Microsoft Teams, this is achievable with department-based education, repeated use and regular review. ■

References

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