

The results of a 7-day working pilot within an acute respiratory medicine unit

Authors: Martin Chadderton and Sarb Clare

Aims

A 7-day week was piloted in respiratory medicine in October 2015, with the aim being to analyse the effect of this way of working on staff and patient care.

Methods

A multidisciplinary (MDT) approach was adopted, with engagement from clinicians, nursing, physiotherapy, pharmacy, radiology and community teams (including GPs and specialist COPD nurses). The project was led by an acute physician who is the new hospitals clinical lead.

Consultants', junior doctors' and nurses' emergency work was backfilled by the acute medicine team.

Before, during and after the pilot, quantitative (SPC charts with comparison against 2 years of trends) and qualitative data were collected. Patients and staff ranging from healthcare assistants, ward clerks to junior doctors participated in this feedback.

Results

Quantitative results have been summarised below. The most significant results were seen among the qualitative data:

- > **Patients:** Wanted to see a consultant on ward rounds and this approach improved communication and feedback.

- > **Junior doctors:** Received training and education, received feedback, had opportunities for procedures, felt part of a team but felt stress levels increase with consultant presence.
- > **Workload out of hours:** No significant change in workload, found wards with daily consultant ward rounds had clear, succinct plans.
- > **Nurses:** Disparity across the wards analysed, issues with feeling valued.
- > **Senior consultants:** Found experience rewarding as continuity of care and training juniors, frustrations when diagnostics delayed, physically tiring.

Conclusions

None of the quantitative metrics showed statistically significant change, but the qualitative data illustrated some expected outcomes, ie patient reassurance increasing, and some unexpected, ie stress levels of junior doctors increasing.

The respiratory team are reorganising their services to look at how 7-day care can be provided and this pilot has started the momentum. Results have been shared with the wider organisation as other specialties will be following this model on the journey to the new hospital. ■

Conflict of interest statement

No known conflict of interests.

Key indicator	Description	Level	Aim	Result
Mortality	Particular focus on weekend (admitted) mortality	Specialty, consultant and ward	Reduce	Reduced (but not significant)
Midnight free beds	Particular focus on weekends	Ward	Increase	No significant change
Discharges before lunch	Focus on weekend rota on effect of 'readiness' for discharge before lunch on Monday	Ward	Increase	No significant change
Length of stay	Will LOS reduce with consistent consultant presence?	Ward	Reduce	No significant change
Weekend discharges	Discharges on Saturday, Sunday and Monday	Ward	Increase	Increased – D25 (no change in others)
Readmissions	Will 7-day working improve admission rate?	Specialty and consultant	Reduce	Reduced (but not significant)
Admissions and discharges	Influencing measure affecting free beds, length of stay etc	Ward, specialty and consultant	No change	No significant change
Consultant (Guy Hagan)	Effect/influence of increased presence	Patient review, daily review and afternoon board		
Consultant (Arvind Rajasekaran)	Effect/influence of increased presence	Patient review, daily review and afternoon board		

Authors: Sandwell and West Birmingham Hospitals NHS Trust, West Bromwich, UK