

How to get rid of the bleep? A novel approach during the COVID-19 Pandemic

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Background

North Manchester General Hospital (NMGH) recognised the need to overhaul the out-of-hours medical cover model, during the COVID-19 pandemic. With an overarching aim to improve the delegation of tasks and response rates for out-of-hours care.

Aims

- To improve patient safety by ensuring a robust audit trail for job delegation and completion
- Ensure appropriate delegation of tasks according to clinical grade
- Improve workload distribution by ensuring equitable distribution of jobs amongst the team
- Reduction of inappropriate requests out of hours
- Improved governance
- Mitigates against bleep failure or other system errors

Proposed workflow

Member of the ward nursing team would populate a form on the Trust's Intranet stating the type of job required, the patients details, it's urgency, EWS, grade of doctor it should be assigned to and free text. This form would then be sent to a generic H@N team inbox.

The form could then be autopopulated with one click onto MS Planner by the H@N nurse and triaged to the appropriate clinician.

The clinician would use a handheld device, an IPAD or Iphone, funded by the Trust, to view and execute actions on.

Challenges

The backbone of the project was funding of additional senior nursing staff to constitute the H@N team. There has been considerable delay in employing the requisite staff to make the system functional. The Intranet form and functionality within MS planner are operational and unused. Management priorities have since changed, and under a new management, the project is under increasing scrutiny to justify its cost.

Risks

1. Technological failure

To mitigate the risk, for an interim period, we have been approved to use the Vocera voice activation system for the CRT. Additionally, the bleep pagers will still be used as both a means of invoking the 'crash team' response, but also in the event of technological failure. This belt and brace approach should mitigate against problems with technological failure in the MS planner system

2. Increased financial cost for the Trust

Initial overhead cost of provision of devices. Whilst there is a financial cost associated with implementing this system, it is felt this is offset by the improved working conditions for members of the CRT including the ability to take breaks and ability to respond to rapidly deteriorating patients quickly. This system will also significantly increase NMGH's ability to respond to further surges of COVID – 19 patients

