Will I leave work on time today?

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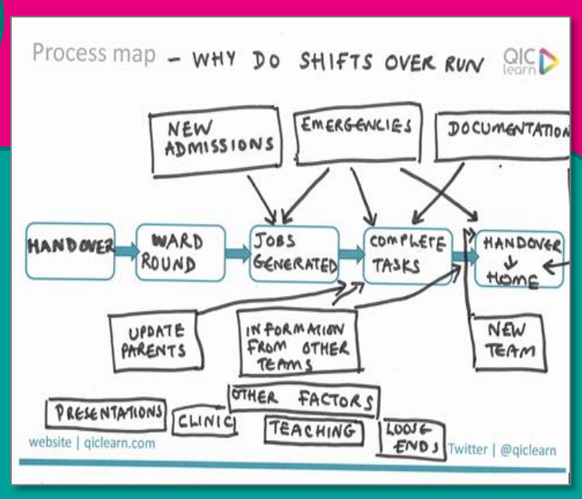
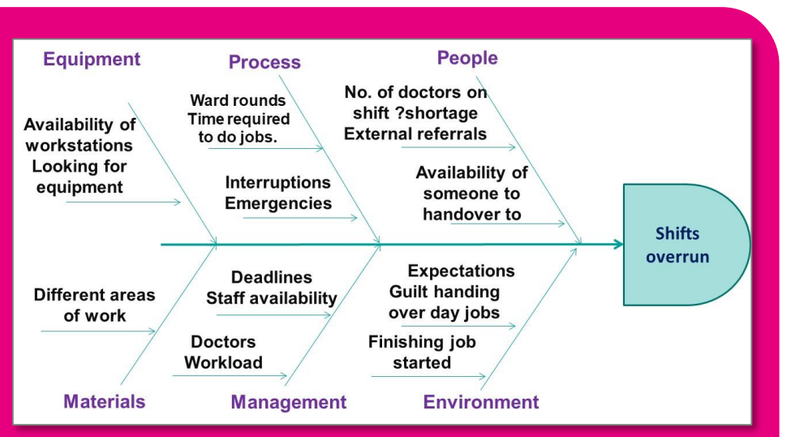
PROBLEM

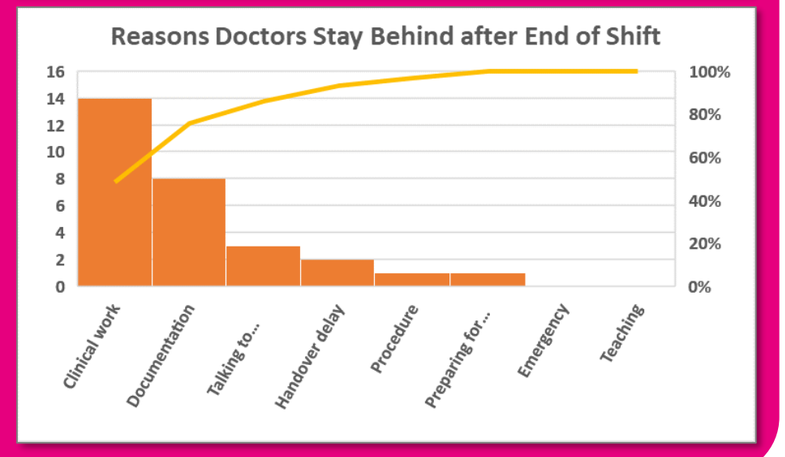
Doctors rarely leave work on time. They frequently stay beyond the end of their shift; to complete clinical work, documentation, and other reasons.
This is contributing to burnout and doctors leaving the profession - meaning those who stay behind, stay even longer!

"Yes it's a problem."
"I don't want to hand over crap"
"Everyone else is staying back"
"You find that the same people stay back each time"
"The whole point of a shift system is that you hand things over."
Some areas are a particular problem, eg postnates and special care."
"What time is handover supposed to take place?"
"I feel lucky to have this job - on my terms – I don't mind staying back"
"I've never finished on time."
"It's just a job, my work-life balance is more important.
"I take handover on time, and I go home on time – The only reason to stay back is an emergency – other things can be handed over."
"After a long day at work, the last thing I feel like doing is to stay back to fill yet another form to exception report."
"I keep meaning to fill in a form for exception reporting – I forget the next day."
"I've never filled in a form for exception reporting."

DIAGNOSTICS



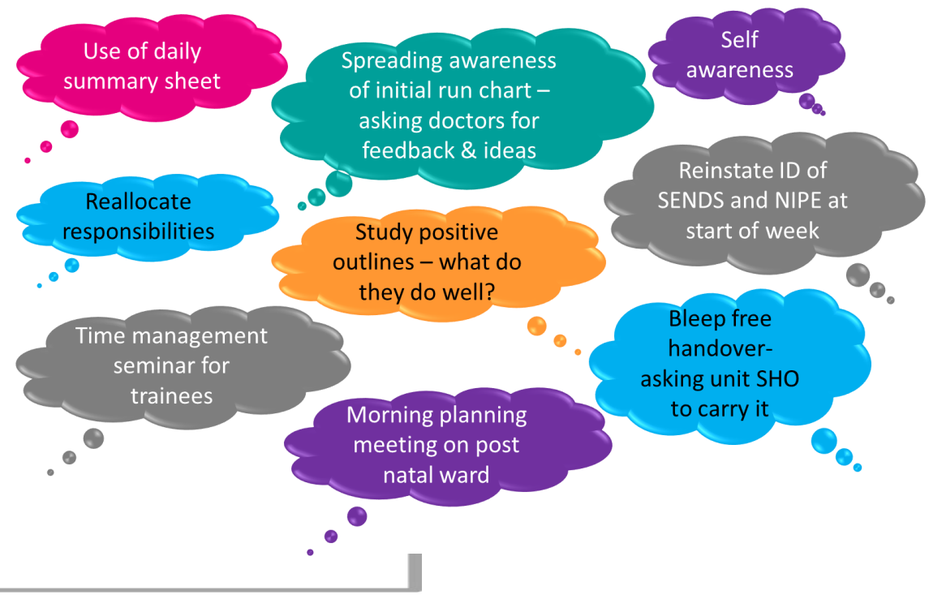




AIM

All junior doctors to finish their shift on time or within half an hour, every time; by the end of January 2019.

Chosen measure:
Details about a shift including time left, supposed end time, start time, handover delay, if delayed, causes of delay.
Inclusions: *All daily shifts*
Exclusions: *Those where people left early due to appointments/study leave*
Sampling method & frequency:
Retrospectively for shifts undertaken each week. (9 junior doctors per day shift/4 per night shift)

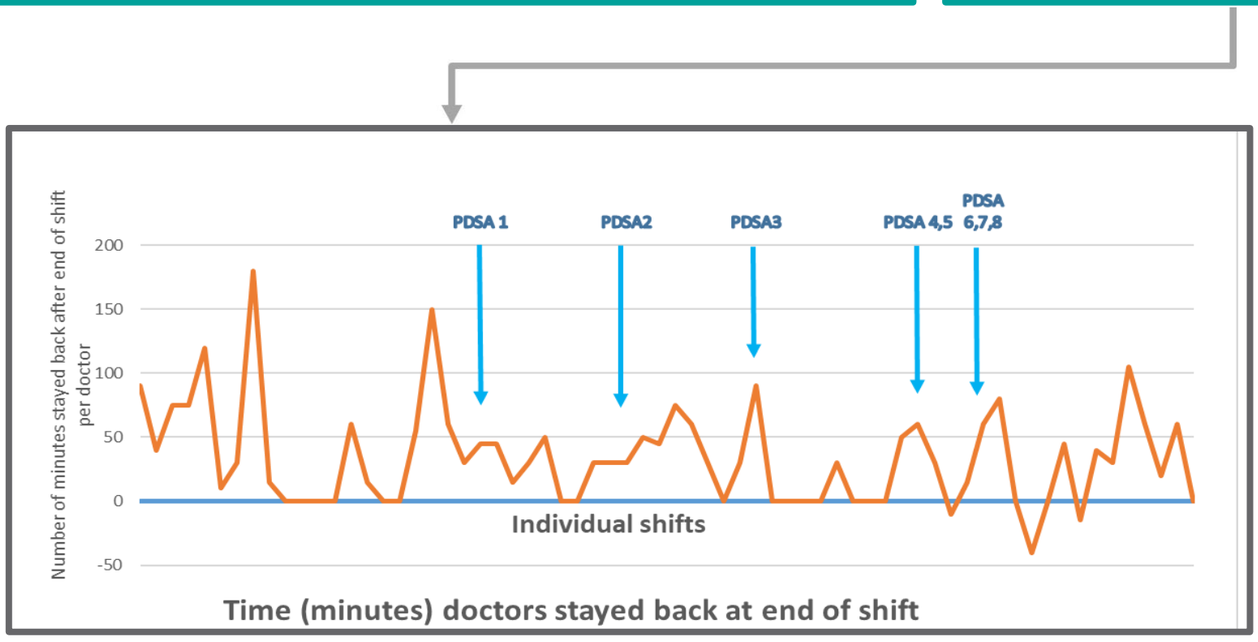


Summary of PDSAs

Test #	PLAN	DO	STUDY	ACT
1	Spread awareness	Email colleagues	Reactions Suggestions	Convert into further PDSA cycles
2	Bleep Free handover	Minimise delays - Get 2nd long day SHO to hold bleep during handover	Unable to successfully trial due to period of busyness at the time	To try again (Important to improve quality of handover)
3	Outstanding NIPEs (Newborn and Infant Physical Examination)	Printouts placed in Drs jobs book	Longer term plan, no initial improvement	Project in own right, to continue
4	Exception Reporting	Discussed at junior-junior meeting on 16.1.19	Doctors views (rare to ER) Tried to obtain unit data- not yet successful	Individual choice

Summary of PDSAs

Test #	PLAN	DO	STUDY	ACT
5 Building on PDSA #2	Bleep free handover	Repeat trial	Improvement. Not sustained for each shift	Needs cultural change. To train new doctors!
6	Improve co-ordination on Postnatal ward	Joint handover with in-charge midwife on postnatal ward	Universally felt to be better (feedback from doctors & midwives)	Implement
7	Reduce interruptions on postnatal ward	Queries to be channelled through midwife in charge	Interruptions decreased from (>10, 8/day, 5/hr to (0, <5)	Implement
8	Start postnatal handover early, to allow tying up.	Begin 1 hour before end of shift.	Enabled loose ends to be tied up. Depends on team.	Aim to continue. Physically move out of Post natal ward



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LEARNING AND REFLECTION

- Achieved a reduction of time stayed at end of shift from 52 to 28min!
- Great QI learning opportunity – leading to ongoing discussion and improvement work within department.
- Doctors frequently staying beyond rostered hours, safeguards such as Exception Reporting are rarely used. Likely to be universal
- Seniors are not a barrier to leaving work on time, or to Exception Reporting. Active and exemplary engagement of consultants to explore solutions.
- Through the project, I was able to make a difference as follows:
- Management of postnatal wards
  - Joint MDT handover
  - Reduction of interruptions
  - Begin afternoon handover early
- Ongoing endeavour can be divided in 3 areas as follows:
  - Reviewing clinical workload (What we do)
  - Operational efficiency (How we do it)
  - Doctors views/attitudes (Psychology behind overstaying)