

## **LHCH Hospital at Night Feb 2015 – Roles and Responsibilities**

### **Introduction**

In February 2015, LHCH will face an unprecedented cross-speciality shortage of training-grade doctors. In order to maintain patient safety and rota compliance, from early-February 2015, the way the hospital operates at night will be subject to major change.

### **The Hospital at Night team**

The Hospital at Night team will consist of the following members as a minimum:

- Cardiology registrar
- “Senior” surgical registrar
- “junior” surgical registrar
- SHO-level doctor from medical or surgical speciality
- Anaesthetic registrar
- Hospital Co-ordinator / Nurse Practitioner
- Anaesthetic nurse practitioner

All members of the team will start and end their shift at the same time. At the start of each night-shift, a handover will take place from the evening on-call team. This will take place in an identified location, which will be the HAN team base. This handover should be concise and limited to outstanding essential tasks and patients to be aware of, rather than an attempt to hand over every patient in the Trust. The Anaesthetic registrar will not be expected to attend this handover, as they will be taking a detailed handover of patients on the ICU. All other members of the HAN team will be expected to attend the handover, assuming they are not tied up in theatre / cath lab.

### **Hospital at Night Team base**

The HAN team will require a specified base. This should be within the main hospital building, at a relatively central point if possible.

The base should be secure and should contain:

- adequate seating, both comfortable and desk
- PCs equipped to access EPR, PACS and the internet
- a telephone
- facilities for making and storing hot and cold drinks and food

### **Bleep filtering**

Members of the medical on call team have historically reported receiving numerous bleeps from many different staff groups, often in multiplicity, to carry out non-essential tasks. When the HAN team becomes operational, a bleep filtering procedure will need to be followed. Except in clear emergencies, a requirement for contact with the medical team should be established by a registered nurse or AHP only. In the first instance, contact should be made with the Hospital Co-ordinator / Nurse Practitioner, who will establish the need to contact the

medical team and triage the call appropriately. A continuous audit of calls made to medical staff outside of this process will be undertaken. Requests for emergency assistance should still be made at the discretion of the registered / senior nurse in the ward area via the 2222 system.

### **Roles and Responsibilities**

The new HAN team represents a decrease in one SHO-level doctor on the floor compared with previous cover. Therefore it is absolutely mandatory that only essential and emergency tasks are carried out by the HAN team. Routine tasks should be deferred until daylight hours.

#### *The Hospital at Night Team **WILL***

- review acutely unwell or deteriorating patients, and communicate with relatives where appropriate
- review **emergency** out-of-hours admissions to LHCH
- prescribe acute or essential medications
- re-site iv access where the failure to do so would result in the omission of essential iv medications or fluids

#### *The Hospital at Night Team **WILL NOT***

- review or “clerk” elective admissions to LHCH
- consent or mark patients for procedures
- review routine, non-urgent investigation results
- perform routine blood draws
- re-site iv access if delaying this until daylight hours will not result in the omission of essential medications or fluids
- prescribe non-essential routine medications
- write or amend TTOs
- carry out routine interviews with patients or relatives

It is expected that most blood draws, iv cannulation and urethral catheterisation will be undertaken by appropriately-skilled ward staff.