Improving The Patient Experience in Torbay Hospital

I: We're delighted to be here today at Torbay Hospital and we've got with us Kate and Jessica who are doctors here, who have been working on an innovation project. First of all, thanks very much for sharing some time with us. Could you tell us a little, first of all, about what you've been doing and why you've been doing it?

K: We started as junior doctors here in August and one of our first shifts was doing medical on call shift, which is where we cover all the medical wards in the hospital and so we do all of the jobs for those medical patients. A lot of the jobs we were doing we saw as being…

J: Non-urgent.

K: Yes, non-urgent and things that could be done during the week. What patients really like at the weekend is to be seen by a doctor, face-to-face. A lot of the tasks we were doing were things like prescribing Warfarin, which can be done on a Friday for the whole weekend. So, what we were trying to do was cut down on the non-essential tasks that can be…

J: We were trying to cut down on the amount of time spent doing paperwork and maximise the time talking to patients.

K: So all the predictable jobs for the weekend, we could see if we could get systems in to get those done, so what we're doing at the weekend is actually seeing people who are ill or need to speak to us or want to speak to us for some reason and, therefore, improving their patient's perspective of care and how much face-to-face time they get with a doctor.

I: So it sounds like it's a win for everybody: the patients gets a better quality experience and you get less frustration doing paperwork, more chance to do the job you'd really like to do.

J: Exactly.

K: What we signed up for.

I: Sounds good.

J: Exactly.

I: And what was the innovation? What were your particular ideas around it?

J: What did we do? Me and Kate shadowed three other junior doctors whilst they were on call one weekend and we literally stood there with a stopwatch and wrote down everything they were doing. So, the time it spent to log on to a computer, the time it spent to look through some notes to review what had happened to a patient before they got to this stage in their care, the time it spent rewriting drug charts,

walking from ward to ward, filling out blood forms, all that kind of thing. So we literally just had a stopwatch and timed everything.

K: So, when we looked at the time we spent doing things, we tried to categorise it and face-to-face time and tasks surrounding that and then other admin tasks, things like checking bloods had been done and then going back to take the bloods if they hadn't been done. From that we could see a lot of potential projects. We have to do an improvement project as an F1, so there were other F1s who've taken on the projects that have been spawned from our project. So, we're going to reorder and see if their improvements have helped.

J: Yes, so, for example, we found that a lot of time was spent trawling through notes, trying to understand how this patient had got to where they are in hospital. So, one of the F2s completed a document which was a weekend summary, basically, so, instead of reaching through loads of notes, at the weekend you could use one nice summary document that's completed on a Friday and, as the weekend doctor, you can flick straight to that document and have a nice summary of what's already happened, saving time.

K: And there's a tick box down the bottom right which says, 'Have you prescribed Warfarin for the weekend, written the CPS, the discharge summary and the drugs to go home with and done blood forms for the weekend as well,' so that it makes them think about the kind of routine things that they can do for the weekend to save us doing it.

J: Other things that also came out of it were things like the development of e-prescribing, because we found that we were spending a lot of time just handwriting drug charts, when, in fact, if it was on electronic drug charts, we'd never run out. We could also prescribe quite mundane things remotely, if it was appropriate. So, yes, there were quite a lot of things that came out of it.

I: So, it's one of those classic examples where you take a step back, you look at what's actually going on and think, 'It could be better,' and then you start to focus on where and how and that generates some projects you've implemented and other ideas for other people to follow up.

K & J: Yes.

I: Sounds wonderful. As innovators, because you've been innovators in this, what was it like? How was that experience and have you learnt any lessons you might pass onto some of your colleagues about being an innovator in this health system?

J: I think, initially, it felt like quite a big job to have to do, I would think.

K: Yes, because we were coming in on weekends that we weren't supposed to be working and trying to find out where exactly, although we knew what we wanted to do, because, from our own experience, we saw what the problem was, quantifying

the problem was the first challenge. We can't assume what we need to improve, we have to see where the actual gaps are.

J: And I think where the problems then came was that, from identifying potential projects that could improve working at the weekend from our projects there were like four or five, six different things that other F1s could help implement, it was getting those people to be enthusiastic about it, really, and motivating them to take on projects, because it would be too much work for us to do alongside our day jobs. So it's motivating others as well. But it was good fun, though.

I: You survived the experience, clearly.

K: It's quite difficult trying to put it into normal work. We had to spend a lot of time outside of work doing it, but I think there are benefits as well. Quite a few of us went to a conference in New Orleans, so we've had experiences that, as a result of doing it, have made it quite worthwhile.

I: Sounds great, yes. The big question, of course, perhaps the last one, would you do it again?

K: Yes, next year.

J: Are we?

K: Some of the others, we're taking over a projects of theirs to kind of babysit for next year, but I think we would do it again.

J: I think it's something, though, that you don't take light-heartedly and you need to factor in time to be able to do it properly, otherwise you get quite disappointed that you've got a baby that you want to carry through to the end, but you can't quite because you've not got the time. That's one thing we've realised: don't take too much on at once.

K: Yes. But it helps if you're passionate about something, because we really are quite passionate about wasting time at the weekends when we should be seeing patients. So I think that fuelled us on, seeing the inefficiencies in the system.

I: That's lovely. Thank you very much for sharing that with us. I think it's a great example of how innovation doesn't have to be the specialist innovator in a specialist department. It's something you can build into your day-to-day work. Thank you very much indeed.