

Hospital-at-Night

What's its true place in a competitive service?

Hospital-at-night predates much of the move towards a competitive healthcare market economy but is an essential component of the overall care a person receives. Whereas clinical excellence will always be the true mark of a successful service, there is growing recognition that there is more to a successful service than the outcome alone. Is it time to re-visit hospital-at-night to re-evaluate its true purpose and how it contributes to overall service success in our increasingly unforgiving environment.

Understanding service success & how H@N applies to it

If we are to re-visit the role or structure of hospital-at-night, we need to consider what service success needs to be built on and how this relates to the night time environment. Besides clinical excellence, services need to consider their financial stability, their strategic evolution as the market evolves, how patients are attracted to the service, patient experience and how well the team works together, which arguably enables all of the others.

The original purpose of H@N was two-fold; coping with service delivery requirements on reduced junior-doctor hours whilst providing a better training environment to compensate for the degradation of training by hours & rest time restrictions. However, if we are all honest, we know that the former has taken much greater priority over the latter and most H@N teams find little time to specifically focus on learning, other than the experiential component that comes

from working across specialties and even then, most doctors working during the night as part of the H@N team find the work stretching from a load perspective but not from a learning one.

What we want to consider is the potential impact of incorrectly focused H@N on the factors influencing service success as a whole. Let's look at just some of the potential issues (Table .1)

This brief set of questions only touches on the range of issues that come to bear but already we can see that the H@N team has the potential to seriously impact success, either positively or negatively and yet we are constantly surprised by just how much H@N teams are 'forced' to work in isolation of the day-time services, with the predominant interaction being one of clinical handover, not strategic collaboration. In all too many instances, we also find that it is not for want of trying to engage but more the subject of how people perceive the role of the hospital-at-night service.

Evolving the vision for H@N

Firstly, H@N has the unenviable premise of being both a service in its own right, with a distinct team, its own structure and processes etc, as well as effectively being a part of every service they support. This differential view is important in two respects, one internal to the team and one a real wake up call for the services they support.

Taking the internal perspective first, the true purpose of the H@N service is to enable

success for each and every other service in the hospital. Contrast this to something more akin to 'get through the night safely' and we can already see a likely change from reactivity towards proactivity. Longer term, this allows H@N teams themselves to ask a series of enabling questions such as:

- How can we better support the surgeons to compete in the market?
- How can we contribute to a positive patient experience for night-time admissions?

The key here comes from understanding the game you are a component of and in many respects developing that understanding is the role and responsibility of senior leaders, as well as service leads. Failure to do so is a bit like employing an expert without a job description or never telling Granny that you've outgrown cardigans and then moaning when you get another one for Christmas!

Services expecting proactive and supportive assistance from H@N teams need to take on board just how important it is to positively engage with them to define what that support really looks like and how it contributes to your own service success. In many respects that is an ongoing, two-way process or even the start of a partnership in which both teams needs should carry similar weight in order to work towards ever greater success for both. It involves those enabling questions running both ways:

Clinical excellence	Financial performance	Patient experience	Strategic Evolution
Does the H@N team support or lead clinical effectiveness in the night time environment?	Are the H@N team active participants in CIP?	How does the patient experience differ at night?	Does the H@N team understand the longer term vision for a service?
Do they understand what clinical excellence looks like for patients in specialty X,Y or Z?	Do they disproportionately consume some resources e.g. a specific drug?	Is it adding or subtracting from the overall service perception?	Are they complimentary to it or inadvertently detracting from that vision?
Are they truly assisted in getting it right e.g. through effective handover?	Do they make it easy for the coders to identify what's happened to someone?	What is the overall level of experience necessary?	Do they have partial ownership of that vision or are they disengaged from it?

Table .1

EMERGENCY

To the service: How can we, the H@N team, best support your vision for service excellence?

From the service: How can we, the service, assist you, the H@N team to get it right for us?

Failure to actively address these two questions misses a massive opportunity to develop excellence across a hospital and possibly even leaves one third of the patient experience entirely up to an often over-worked, under-supported group of individuals whose most frequent marker of success is “we got through the night without a serious incident”.

Fully integrated H@N

Fully integrated H@N involves bringing the H@N team fully into the working environment of each service, not as ‘servants’

but as equal owners of the vision that service has established for itself. Service leaders, whose whole stability and existence relies on attainment of that strategic vision, need to firmly recognise the role and contribution of H@N to that vision, as well as how they as a service impact on how easy it is for H@N teams to successfully conduct their role, for instance with handover practices. That goes well beyond simply ‘tiding us over until the day team takes control again’.

Over time, service and H@N teams need to consider what they both really want out of the night time environment. How does training fit into this? How can clinical effectiveness be developed further across the night? How is the H@N team kept abreast of service developments, stresses and priorities? What shared goals do they collectively own? What resources does the night team need to successfully operate? And so many more questions too...

Hospitals that fail to address this pre-existing issue place themselves at a competitive disadvantage to those that do and potentially give themselves an uphill struggle to compete on even the basics such as clinical results. Our fear, or the challenge to be resolved, is that the further drop in junior doctor hours that we have just adopted is likely to place H@N teams under even more pressure to achieve on even less resource, leaving precious little opportunity to resolve the bigger picture as it gets swallowed by the immediate stress of the night time load. Or we could just do it!

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In-House Development Programme

Leadership and Organisational Skills for Hospital-at-Night Teams

Medicology’s innovative One-day programme is designed to enable Hospital-at-night teams their own challenges by developing the correct leadership and organisational approach.

- Focussed on the unique night-time environment
- Includes direct skills development and facilitated problem solving
- Develops a heightened ability to influence
- Designed to reduce workload over time
- Increases the developmental elements for junior doctors

This approach was developed out of a country-wide leadership programme for Hospital-at-night teams in Wales. Supported by the Welsh Assembly Government.

For further information, in the first instance contact Dean Kellogg on **01332 821261** or email dean@medicology.co.uk or go online to www.medicology.co.uk/han

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