Aim:
To improve the safety of medical ward inpatients by redistributing the workload of the weekend ward cover medical team.

Methods:
Trainees attending the medical junior doctors’ forum raised patient safety concerns arising from insufficient ward cover for the medical wards on the weekend day shift (figure 1).

We identified whilst there were adequate number of doctors (six sub-Registrar level trainees), the distribution and workload was not equitable. Two doctors covered 12 wards between them, whilst two were part of a discharges team who completed discharge letters.

We proposed a solution of merging the ward cover and discharges team, allocating each doctor 2-3 wards to cover each (table). Each trainee was responsible for all jobs for their wards including discharge duties.

Robust handover meetings were included in the working day. This was implemented by trainees with divisional support to trial the method.

Outcomes:
Following a successful four month trial, feedback from trainees and nurses has been overwhelmingly positive (sample comments from email survey – figure 2).

Doctors now have time to complete routine tasks (cannulae, fluids), review unwell patients and expedite discharges by ensuring investigations are carried out promptly.

The overall agreement is that patient safety and quality of weekend medical training has improved.

Conclusion:
This trainee led initiative to adjust the weekend working pattern has improved patient safety, quality of training and morale. The model has now been incorporated into the standard operating procedure for the medical division.

<table>
<thead>
<tr>
<th>Doctor</th>
<th>Wards pre intervention</th>
<th>Wards post intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (0900-2200, SHO)</td>
<td>5-6</td>
<td>2-3</td>
</tr>
<tr>
<td>B (0900-2200, SHO)</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>C (0900-2200, SHO stroke)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>D (0900-2200, SHO gastro)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>E (0900-1700, SHO)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>F (0900-1700, F1)</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Figure 1: Pre Implementation comments
- The oncall “discharge” shift appears to be purely a service shift with no educational value
- Discharges shift is not educational at all
- Difficult experience as it’s unsafe at times
- Weekend discharges team just becomes the TTO team
- Lots of patients with high EWS and not even managing to cannulate for drugs
- I wouldn’t recommend SHO ward cover – it is horrific
- Staffing levels are loaded towards discharges. This is insane
- We need to work as a team
- Had 70 jobs handed over – how to prioritise?

Figure 2: Post Implementation comments
- We feel like a team now
- Much safer!
- Actually able to sort patients out properly
- Waiting less time for cannulae to be done
- Workload much more manageable now
- Less routine work handed over to the night team
- Preferable from a safety point of view that this system remains in place
- Jobs are done quicker
- We don’t need to bleep as often to get jobs done
- Safer for patients
- We got to have lunch!