Consultant Interruptions on the Acute Medical Unit
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Introduction
Interruptions are a daily and frequent occurrence for AMU physicians. We wanted to quantify the impact of this on the AMU Consultants at The Royal Liverpool Hospital. The nursing industry has implemented the use of “medications round do not disturb” tabs to reduce medication errors caused by interruptions. An Emergency Department within the region has implemented a consultant on the shop floor specifically for queries. The aviation industry has a “sterile cockpit and environment” at certain crucial stages during take-off and landing that allow only for critical interruptions between pilots and crew members. We were aware that there are no provisions in place on AMU at RLUH to minimise this impact.

Method
We recorded all of the interruptions experienced by one of the AMU consultants (Dr Price) in a 3 hour period during a weekday on the AMU (Wednesday 7th July 2016) from 2pm to 5pm. A medical student shadowed Dr Price and recorded the nature of each encounter. The duration of each interruption was not recorded. We categorized the interruptions into 6 different groups after data collection. There were 54 interruptions in total, involving 22 patients. This equates to an interruption approximately every 3 minutes and 20 seconds. The categories were as follows:

A. Queries/discussions regarding patients not seen/ given advice on before
B. Queries/discussions regarding patients not seen but have previously given advice on/ informed about before
C. Queries/discussions regarding patients previously seen
D. Queries/discussions not regarding patients
E. Queries/discussions on emergency patients
F. Mechanical interruptions

Results
There were 54 interruptions with in the 3 hour time period. 40 of the interruptions related to patients in the ED or the AMU (A,B,C,E). The remaining 14 interruptions were categorized as being mechanical or miscellaneous and not directly related to patient care (D,F).

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<thead>
<tr>
<th>Category</th>
<th>Interruptions</th>
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<tbody>
<tr>
<td>A</td>
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<td>B</td>
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Conclusion
This is a difficult issue to realistically fully eliminate. As senior clinicians in a busy and dynamic environment we are going to get interrupted frequently. Solutions to this issue must be tactful and cannot lead to a compromise in patient care by creating a barrier between junior and senior staff. 75% (40/54) of the interruptions did relate directly to patients in the ED or AMU. Interruptions not regarding patients (D, 9/54), should be left to the end of the consultant session or ward-round, this would have eliminated 16% of the interruptions. Mechanical interruptions (F, 5/54) 9% could be eliminated by more efficient organisation of the working environment and maintenance of equipment. The aviation industry had specific definitions of an “emergency” and what could interrupt the sterile cockpit at critical time during certain key times in a flight. This is too ambiguous for medicine. Perhaps we need to return to the step-wise escalation of a query within the medical hierarchy.

References