Observation guide, HiSLAC ethnography round 1

Aims
To describe how each theme covered below affects the operation of the hospital at weekends and how it differs from weekdays, and describe the impact that it may have for patients, with a focus on urgent and emergency medical patients.

Themes:
Staffing levels
• In each area visited, explore how senior doctor staffing is coordinated over the weekend and how this compares to weekdays Look for: numbers and specialties of senior doctors who are available; whether doctors are working in blocks of multiple days
• In each area visited, explore levels of staffing across all roles and grades – senior, mid-grade, junior doctors, nurses, HCAs and admin e.g. ward clerks; numbers of agency and locum staff; whether there are skills shortages at weekends.

ED/CDU/AMU - case mix and demand
• Are the demographics of medical patients being admitted at weekends different to the week? In what way, and why? What impact does this have?
• What particular pressures does the hospital face at the weekend (e.g. demand on ED)?

CDU/AMU - patient review
• Describe how consultant review is co-ordinated in CDU/AMU.
  o who reviews medical patients – which speciality are they from? How soon do patients get reviewed by a consultant once admitted to CDU? How often? Is this different at weekends to weekdays?
• What happens when patients are moved from CDU/AMU on to a ward? Are arrangements made to make sure they are reviewed within 24 hours?

Medical wards – medical cover
• What form does consultant input take at weekends? Is this different to weekdays?
  o Are consultants on or off site?
  o Are consultants covering the area they usually cover during the week or is this different?
  o Is the consultant “passing through” or do they remain on the ward for a set time period?
• How is junior doctor input organised over the weekend? Are there ‘on call doctors’ – what areas do they cover? What are on call/junior doctors doing at the weekend?

Medical wards – (specialist) patient review
• Describe arrangements for specialist review of patients on medical wards over the weekends, what form review takes (e.g. consultant led ward rounds), and how frequently it happens
  o Who reviews these patients
    ▪ consultant, SHO...
    ▪ are patients reviewed by doctors from the matched speciality (e.g. respiratory patients by respiratory consultants)?
  o How is the system for review managed
- is it proactive i.e. is there an active list of patients each day for review, or are patients just reviewed reactively e.g. if they deteriorate
- is it based on inclusion (see only those identified as requiring review) or exclusion (i.e. see all patients unless identified as not requiring review)
  - How are decisions made about who is reviewed and who is not reviewed? Who makes these decisions? What are the prompts for patient review at the weekend e.g.
    - newly admitted,
    - unstable / uncertain management plan
    - outstanding tasks
    - concerned relatives,
    - potential discharge
- Is the system for review different across specialities?
- How does patient review at the weekend compare to weekday?

**Specialist input**
- What exactly are specialists doing, and what difference does specialist input (or lack of specialist input) make? Collect examples of this e.g. spotting missed diagnosis, expediting tests.
- How are consultant decisions actioned at the weekend? Do any problems arise?
- How easy is it for junior doctors / nurses to get input and advice from a more senior doctor, or from a specific specialty at the weekend? Do junior doctors seem comfortable seeking senior support/input?

**Handovers and communication**
- Describe how handovers happen at weekend, and from the weekend to the weekday. Is this different from weekday handovers?
  - Who’s involved – are consultants involved in weekend handovers? Where do they take place, how are they structured and what is handed over.
- Describe quality of communication and multi-disciplinary working
  - Are patient records on paper or electronic, and what electronic systems do they have e.g. e-prescribing?
  - What is communication between doctors and nurses like? Is there evidence of multidisciplinary working at weekends?

**Deteriorating patients and urgency**
- How are deteriorating patients detected and responded to over weekends?
  - Look for / ask: What happens if staff become worried about a patient? How does the local Early Warning Score system (EWS) work? Is it a paper or electronic system (are there automatic flags); who is responsible for responding e.g. outreach team)? How well does the system work?
  - Problems with transfers to ICU at the weekend?
- Probe for staff understanding of ‘emergency / urgent / non-urgent’ in relation to requests for consultant review and for diagnostic tests / therapy. Do delays at weekends for less urgent things really matter? Why?

**Access to diagnostics, therapy, and other services**
- Describe issues that arise relating to availability of services at weekends as compared to weekdays:
  - diagnostic services e.g. x-ray, cardio testing, CT, blood tests and results (does this differ for urgent cases and for less urgent cases?)
  - therapy services and allied health professionals e.g. physio, OT, nutrition, SALT, microbiologist, drug and alcohol services, mental health services
  - pharmacy for ordering medication / pharmacist input e.g. meds recs
  - resources or systems to support discharge at the weekend e.g. do they have a discharge team, access to community services (at weekend)?
  - access to palliative care at weekends both within and outside the hospital?
Safety and quality of care

- Is there evidence of risks to the quality or safety of patient management or care due to problems at the weekend?
  - evidence of differences in tempo and flow at weekends, evidence of delays in diagnosis, or treatment, problems with patient flow
  - problems that rise around transitions e.g. between AMU&wards, into ITU, discharge
  - problems due to patient deterioration; or other problems with patient care arising because of the nature of weekend working
- Is there evidence of a weekend work ethic, or problems being taken for granted because it’s the weekend? Is there evidence of staff informally compensating for or working round problems that arise over the weekend?
- Any evidence of systematic safety-focused activities (e.g. advance planning for the weekend / safety briefs / safety huddles)?
- How do staff approach management on Mondays (e.g. do they prioritise the sickest patients first on ward rounds)?

Patient Experience

- Is there evidence of staff taking time to talk to patients, keeping them informed, involving in decisions? Is this different at the weekend to weekdays?
- Researcher to chat informally to patients and relatives about:
  - How has it been over the weekend in hospital?
  - Has a doctor been to see you? Do you know which speciality they are from and whether they are a consultant, junior etc
  - How much have staff talked to you about what’s going on?
  - Have you had enough chance to ask questions?
  - How quickly have things been sorted out for you, and have there been any delays or problems?
  - Is there anything you’ve felt worried or unhappy about?
  - How secure and confident have you felt during your stay at the weekend?