Building a Better Health Service

CARE COMPASSION TRUST LEARNING

Lead NCHD Awards

September 2016

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement Division

NDTP

National Doctors Training & Planning

Contents Page

Introduction to the Lead NCHD Awards

The Lead NCHD initiative represents a response to "a historic deficit in NCHD representation at executive level within Irish Hospitals". The MacCraith report recommended that "structured communication arrangements should be established for trainees, including engaging in solutions for patient care". The contents of this booklet demonstrate that although in its infancy the Lead NCHD Initiative is a success story! The Lead NCHD Awards are recognition of the work undertaken by Lead NCHDs during the course of their tenure on their clinical site. The presentation of awards and this booklet are an opportunity to share examples of good practice and encourage colleagues to embark on their own projects.

The variety of projects demonstrate Lead NCHDs are promoting a culture of medical leadership, facilitating engagement with NCHDs and are keen participators in quality improvement with its many benefits for the health service, its staff and patients.

The projects in receipt of the 1st Lead NCHD awards are:

1st NOTED: A Clinical Task Handover System for NCHDs and Nurses (Dr John Duddy, Beaumont Hospital)
2nd Clinical Leadership Programme (Doctors McErlean, Kelly and Neff, Mater Misericordiae University Hospital)
3rd Lead NCHDs and Hospital Management: Changing the Culture and Increasing Weekend Discharges (Doctors Kelly and Neff, Mater Misericordiae University Hospital).

I am grateful to Professor Eilis Mc Govern, Director, HSE-NDTP, Dr Philip Crowley, National Director, Quality Improvement Division and Dr Julie McCarthy, National Clinical Lead, Clinical Director Programme for their continued support of the Lead NCHD initiative and indeed these awards.

All entries are included in this booklet organised by hospital. With the permission of Dr Healy, Lead NCHD Cork University Hospital 2015-2016, Improving the NCHD culture in Cork University Hospital - A 10 point plan, is also included as it may be of interest to newly appointed Lead NCHDs.

Thank you,

Catherine

Dr Catherine Diskin,

National Lead NCHD / NDTP Fellow, Health Service Executive,

Dr Steevens' Hospital,

Dublin 8.

#hello my name is...

NOTED: A Clinical Task Handover system for NCHDs and Nurses

John C. C. Duddy

Lead NCHD and SpR in Neurosurgery

Beaumont Hospital, Dublin.

Objective

To develop an electronic task handover system to securely record ward-based tasks and allow safe and efficient handover of clinical tasks between NCHDs and nurses.

Implementation and Continuation of Initiative

A project board was set up comprising Lead NCHD, consultant and nursing representatives, and IT staff. IT staff met with Beacon Hospital personnel to discuss applicability of their DocIT system to the needs of Beaumont Hospital. It was decided to use the concept but develop a new software package to meet the requirements of Beaumont Hospital. After initial testing, the software was piloted on the two neurosurgery wards. The pilot period involved constant feedback from Interns and Nursing staff with suggested changes being incorporated into NOTED. There was also ongoing oversight from the project board. After a successful pilot and feedback session from the involved nursing staff and Interns, it was agreed to roll out NOTED across the hospital. The system is now up and running across the hospital. The project team is now looking at adding functions to the system and is reviewing its progress on an ongoing basis.

Difference to and Benefits Arising for NCHDS

A survey of Interns involved in the pilot found 80% agreed or strongly agreed it improved communication between doctors and nurses. It also found 100% agreed or strongly agreed it improved the likelihood of a task being performed and that it improved the efficiency of a task being performed also.

Transfer to Other Sites

The discussions with Beacon Hospital show that a software package like NOTED can be easily transferred to other clinical sites. Beaumont staff are open to discussing this with other sites.

NOTED: A Clinical Task Handover System for NCHDs and Nurses

John C. Duddy
Lead NCHD and SpR in Neurosurgery
Beaumont Hospital, Dublin.

Introduction

Clear communication between doctors and nurses is a vital aspect of providing safe patient care. Our objective was to develop an electronic task handover system to securely record ward-based tasks and allow safe and efficient handover of clinical tasks between NCHDs and nurses.

Methodology

A project board was set up comprising Lead NCHD, consultant and nursing representatives, and IT staff. IT staff met with Beacon Hospital personnel to discuss applicability of their DocIT system to the needs of Beaumont Hospital. It was decided to use the concept but develop a new software package locally to meet the requirements of Beaumont Hospital. After initial testing, the software was piloted on the neurosurgery wards, Adams McConnell and Richmond wards. The pilot period involved constant feedback from Interns and Nursing staff with suggested changes being incorporated into the NOTED program. There was also ongoing oversight from the project board.

After a successful pilot and feedback session from the involved nursing staff and Interns, it was agreed to roll out NOTED across the hospital on 18th April 2016. The system is now up and running across the hospital. Other healthcare professionals such as pharmacists and dieticians have been added as system users. The project team is now looking at adding extra functions to the system and is reviewing its progress on an ongoing basis.

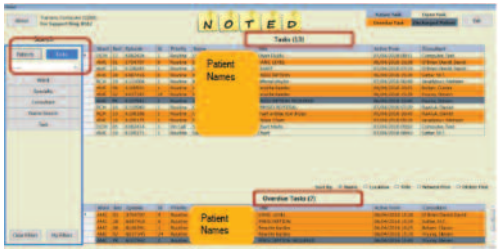


Fig 1: Doctors' Task List View

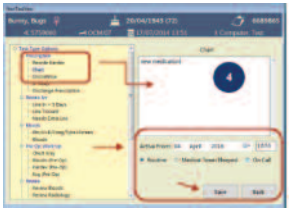


Fig. 2: Nurse Task Creation View

Benefits to NCHDs

A survey was conducted to ascertain staff opinions of the NOTED system during the pilot stage. Responses were measured on a Likert scale with 1= Strongly Disagree and 5= Strongly Agree. There was a 50% response rate among NCHDs involved in the pilot stage.

100% of NCHD respondents Agreed or Strongly Agreed with the statement "NOTED is more secure than written task lists."

80% Agreed or Strongly Agreed with the statement "NOTED has improved communication between doctors and nurses." 20% neither agreed nor disagreed.

100% Agreed or Strongly Agreed with the statement "NOTED has reduced the frequency of bleeps I receive."

100% Agreed or Strongly Disagreed with the statement "NOTED has increased the speed with which tasks are performed."

Conclusion

- NCHDs who used NOTED agreed that it was a safe and efficient system which improved communication between doctors and nurses.
- It is a system that could be easily transferred between sites and Beaumont staff are open to discussion with other sites.
- The functionality of the system could be expanded to cover other aspects of inter-professional communication.

Acknowledgements

Project Board: Mark Graham, Karen Greene, Niamh Kane, John Mc Hale, Brian O'Neill, Ian O'Neill, Helen Ryan Edmond Smyth.

All Staff on Adams McConnell & Richmond wards, and Interns who participated in the pilot of NOTED.

Beacon Hospital for the concept.

"A Bun in the Oven"

Baked ... by the Coombe

Dr Áine Lynch, Dr Laurentina Schaler

Coombe Women and Infants University Hospital

Objective:

"Baked by the Coombe" was a community building project involving all areas of staff at the Coombe Hospital (CWIUH). The aim of the project was to enhance communication and integration between NCHDs and other staff at the Hospital.

Implementation:

The project was initiated by Lead NCHDs along with the master of CWIUH and Executive Development officer of Friends of the Coombe in February 2016.

Project Design: All areas of staff were invited to participate. Departments were encouraged to submit teams of 4 people. Each team was invited to participate in 2 heats. Independent judges from local restaurants and food critics were invited to adjudicate. The Bake-off competition was held over a 10 week period. Each round took place from 12.30 – 1.30 on a Friday.

Final: The Grand Finale was held in the Staff Canteen with the 2 finalist teams cooking a 2 course meal for 400 staff members in 3 sittings. Tickets for the final were distributed at each bake off round and delivered to all departments.

Publicity/Communication: Information leaflets and posters were distributed by Lead NCHDs to all Hospital departments along with application forms. Staff were also informed by email and notices on the hospital website. All staff were invited to attend, support and taste food at each round.

Outcomes:

A total of 14 teams from 14 departments participated in the competition.

Each Baked by the Coombe event was attended by the presenting teams and 60-70 additional members of staff and the Grande Final was attended by 400 members of staff.

Quantifiable/Tangible Benefits

A survey of 30 staff members conducted following the final showed a positive response from all departments. 100% of all surveyed felt that the Baked by the Coombe events had a positive effect on staff moral and would support a repeat event next year. 93% of those surveyed felt more integrated with other departments following the project

"A Bun in the Oven" Baked... By the Coombe

Lynch A[1], Schaler L[1]
Coombe Women and Infants University Hospital, Cork St, Dublin 8.

Objective

"Baked… By the Coombe" was initiaded as a community building project involving all departments at the Coombe Hospital.

The aim of the project was to enhance communication and integration between NCHDs and other colleagues around the Hospital and to build team cooperation and support amongst collegaues.

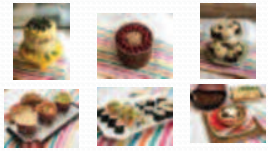
Implementation

The project was initiated by Lead NCHDs along with the Master of the Coombe Hospital and the Executive Development Officer of Friends of the Coombe. A unique Baked….by the Coombe logo was created and the project was officially launched in Feburay 2016. It was held over a 10 week period with weekly events each Friday at lunch-time.

Project Design

All areas of staff were encouraged to participate. Departments were encouraged to each submit a team of 4 people. Teams were then randomised to 2 groups. Each team was invited to participate in 2 heats (one sweet and one savoury dish). Recipes from each team were submitted to form a cookbook to be sold in aid of Friends of the Coombe.

Independent judges from local restaurants and food critics were recruited by the organisers and invited to adjudicate. Standardised score sheets were designed. Cumulative scores were recorded after the first 2 heats and the top scores entered into the quarter final stage, and similarly the semi-final and final stages.



Publicity/Communication

Information leaflets were distributed by Lead NCHDs to all Hospital departments along with application forms to be submitted to the master's office. Posters were designed and distributed to all departments. Staff were also informed by email and notices on the hospital website. NCHDs were contacted via the NCHD facebook page.

Staff were also informed of all updates by email and regular information was provided on the hospital website.

All staff whether participating or not were invited to attend, support their colleagues and taste food at each round.

Grand Finale

The Grand Finale was held in the Staff Canteen on May 26th with the 2 finalist teams cooking a 2 course meal for 400 staff members divided into 3 individual sittings.

Teams were given access to the staff kitchen and were assisted by hospital catering staff in preparing their final dishes. Food was supplied by the staff canteen.

'GoldenTickets' (figure 3) for access to the final were distributed at each bake off round and delivered to all departments.

All staff attending were invited to taste both meals and vote on the winning team. A raffle in aid of Friends of the Coombe was also held on the day.

The ultimate decision on the winning dish was made by guest celebrity Michelin star chef Mr. Patrick Guilbaud.

All participating teams were presented with a small gift and a framed photograph of their team. Prizes were awarded to finalist teams.

Outcome

A total of 14 teams from 14 departments participated in the competition.

Each Baked by the Coombe event was attended by the presenting teams and 60-70 additional members of staff.

The Baked by the Coombe Grande Final was attended by 400 members of staff from all areas of the hospital.

Quantifiable/Tangible Benefits:

A survey of 30 staff members conducted following the final showed a positive response from all departments. 100% of all surveyed felt that the Baked by the Coombe events had a positive effect on staff moral and would support a repeat event next year. 93% of those surveyed felt more integrated with other departments following the project.

Potential for Continuation or Transfer:

The potential for continuation of the project at the Coombe or transfer to other sites is strategically difficult due to temporary nature of the Lead NCHD post. However in light of the positive feedback received, we would encourage future Lead NCHDs to consider organising similar events.

Acknowledgements

Sharon Sheehan, Master, CWIUH

Emer McKittrick, Executive Development Officer, Friends of the Coombe

Patrick Donohoe, CFO, CWIUH

Tom Dowling, Catering Manager, CWIUH

A NCHD Initiated Clinical Leadership Programme in MMUH

Dr Sarah McErlean, Dr Deirdre Kelly, Dr Karl Neff

Mater Misericordiae University Hospital, Dublin

Background: The NCHD body in MMUH highlighted a need for additional leadership and managerial training to support their current roles within the HSE. We believe that the skills of being a great leader are an integral part of our profession, and the development and coaching of clinicians in this area is fundamental.

Aim: To provide a teaching schedule dedicated to the professional development of NCHDs and in particular to meet their needs as clinical leaders and managers.

Methods: The NCHD Committee devised an educational lecture series with several leaders in healthcare, business and management. This ran over a five week period in the post-graduate education lecture theatre and was certified for those with 100% attendance.

Some of the key areas addressed included; change management, education, strategic engagement, innovation in healthcare, global healthcare systems, resilience, conflict resolution, career development, quality improvement and communication. We collected verbal and written feedback and documented attendance.

Results: There was 100% positive feedback from all attendees. Multiple NCHDs noted that these concepts were new to them and immediately applicable to their clinical roles. Feedback also included suggestions on how to maintain and improve the programme.

25 NCHDs attended each session. Of these, 9 participants had full attendance, 2 joined the NCHD committee and 3 went on to pursue the Smurfit Certificate in Healthcare Management. Participants reported improved morale, better engagement with management and a greater awareness of quality improvement. This was evidenced by a growing NCHD committee and substantial participation in hospital-wide change initiatives.

Conclusion: This series could be replicated in other hospitals throughout the HSE. It could also be incorporated into formalised training within the HSE which we would strongly encourage.

This represents one solution to deliver clinical leadership and management training to NCHDs which is an important recommendation of the MacCraith Report. (Section 5.3)

Clinical Leadership Programme

2016

Mater Misericordiae University Hospital

Dr. Sarah McErlean
Dr. Deirdre Kelly
Dr. Karl Neff

Objectives

Leadership Skills
Management Skills
Self-Investment
Professional Development
Quality Improvement

Implementation

Lecture Series
NCHD driven
Leaders in Healthcare / Management / Business
5 weeks
Certified
Feedback

Outcomes

Improved Morale
Engagement
Participation
Education
Positive Feedback

Quantifiable Benefits

25 participants
9 with full attendance
2 new members of NCHD Committee
3 pursued Smurfit Certificate in Healthcare Management

Replication

NCHD Driven
Collaboration with Postgraduate Department
Links with Irish Leadership Community
Formalised Training within HSE

Lead NCHDs and Hospital Management: Changing the Culture & Improving Weekend Discharges

Dr Karl Neff, Dr Deirdre Kelly, NCHD Committee

Mater Misericordiae University Hospital, Dublin

The Weekend Discharge Initiative was devised to deliver increased numbers of discharges of medical patients on Saturdays and Sundays in an effort to improve movement of patients through the Emergency Department. Two particular objectives were identified: change the culture of weekend discharges so that they become standard practice, and improve the numbers of discharges at the weekends, so improving patient movement through the admission process.

Following discussions between the Lead NCHDs, NCHD Committee, Medical Executive, Executive Clinical Director, CEO and COO, the following plan was agreed:

1. Activate an established Criteria Based Discharge Protocol
2. Establish a Weekend Discharge Initiative including a 'Medical Hub' on Friday mornings which would identify potential weekend discharges
3. Focus medical teams and management on potential weekend discharges on Friday so that outstanding issues such as diagnostics can be resolved before or over the weekend to facilitate discharges
4. Advertise the Weekend Discharge Initiative and optimise engagement of medical teams with the Initiative

This plan was implemented with the support of the Medical Executive and the NCHD Committee. The Lead NCHDs worked to improve understanding and awareness of the initiative through direct liaison with NCHDs, including highlighting the Initiative at regular NCHD Committee 'Town Hall' meetings. The Lead NCHDs also started a weekly email reminder to prompt NCHDs to engage with the Medical Hub.

Hospital management and the Patient Flow department responded effectively to issues identified at the Medical Hub, and outstanding issues including access to diagnostics were addressed. This facilitated enhanced discharges.

This combined effort has seen a consistent but slow trend towards improvement over the five months since implementation began. This illustrates how effective collaboration between consultants, NCHDs, and hospital management can deliver real change. However, it also demonstrates how slowly our system responds to cultural changes such as that surrounding weekend discharges.

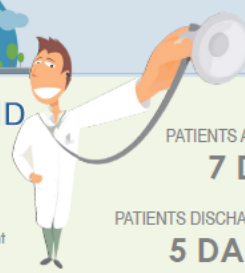
Lead NCHDs and Hospital Management:
Changing the Culture & Increasing Weekend Discharges

Karl Neff, Deirdre Kelly, NCHD Committee
Mater Misericordiae University Hospital, Dublin

BACKGROUND

Need identified to increase medical discharges at weekends

Initiative devised to increase the number of medical patient discharges on Saturdays and Sundays



PATIENTS ADMITTED OVER
7 DAYS

PATIENTS DISCHARGED OVER
5 DAYS

OBJECTIVES

Enhance awareness of Weekend Discharge Initiative

Achieve greater number of medical patient weekend discharges

Target of 54 weekend discharges

IMPLEMENTATION

Activate established criteria-based discharge protocol

Establish 'Medical Hub' on Friday mornings to identify potential weekend discharges (with medical teams & bed managers)

Medical Hub to help address outstanding issues and resolve impediments to weekend discharges

Patient Flow track patients over weekend to promote discharge

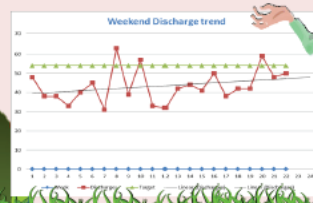
RESULTS

The Criteria Based Discharge Protocol was activated and the weekly Medical Hub was initiated in February 2016 and continues to run weekly on Friday mornings. Items such as outstanding diagnostics are addressed through the Hub to facilitate discharge.

The Lead NCHDs have liaised directly with NCHDs and used weekly emails to reinforce use of the Medical Hub resulting in:

- Trend towards increased weekend discharges over the intervening period
- Current average of 48 discharges being achieved which is only 4 shy of the target

Challenges have included securing full and consistent engagement from medical teams & issues such as securing social care which are outside of the control of MMUH.



CONCLUSIONS

Changing cultures and attitudes around weekend discharges of medical patients takes time.

However, ongoing work and reinforcement of the need and benefits of a process like the Weekend Discharge Initiative can produce change.

To be successful, such initiatives need engagement and effective collaboration between medical consultants, NCHDs and hospital management.

Lead NCHD Initiated Quality Improvements Implemented in Midlands Regional Hospital Tullamore - February – July 2016

Dr Sarah Barry BE MB Bach BAO

Midland Regional Hospital Tullamore

As Lead NCHD much of my focus has been on implementation of quality and process improvements based around call. Call can be a difficult time – juggling multiple responsibilities, prioritising who is sickest and needs to be seen first, etc. Increasing medical referrals and medical admissions through ED and sicker patients on wards requiring more support at night put increasing pressure on the SHO on call.

1. A 2nd on call SHO on nights covering the wards was introduced on March 6th 2016 from the current cohort of SHOs. Voting on whether to implement and proposed rota resulted in significant SHO support and engagement. Feedback from Nursing staff is positive, patients are seen sooner, and there is less pressure on the SHO admitting in the ED and the Registrars on call.
2. Ward worksheet to improve communication on call implemented on May 17th 2016. Enables all tasks to be recorded, tracks completion of tasks, and allows non-urgent tasks be recorded that can be cleared 'sweeping' the wards thus reducing the number of bleeps the SHOOC receives.
3. NCHD lunchtime teaching – Implemented on May 31st 2016. Weekly teaching sessions with presentations by NCHDs and Consultants in the new Education Centre.
4. Supplementation of weekend phlebotomy serviced by UL graduate medical students. Gaps in weekend cover arise when the daytime phlebotomy staff are unable to cover the weekends. After discussion with medical students and the Director of Nursing will be piloted on July 9-10 2016. Benefits for students is paid medically relevant weekend work with training provided, benefits for phlebotomy staff – required to cover fewer weekends and benefits for NCHDs on call – less gaps in service that they may be need to cover.

Also actively involved with Transfer of Tasks committee, Sepsis Committee, and Kardex redesign committee.

Lead NCHD Initiated Quality Improvements Implemented in Midlands Regional Hospital Tullamore - February – July 2016

Sarah Barry BE MB BCh BAO
Lead NCHD - Midlands Regional Hospital Tullamore

Background

Appointed as Lead NCHD in MRHT February 5th 2016.
(No Lead NCHD in MRHT from July 2015 – January 2016.)

Quality Improvement Initiatives Implemented

Initiatives implemented include

1. 2nd SHO on nights to improve patient safety
2. Word worksheet to improved communication on call
3. NCHD teaching sessions
4. UL Medical Students supplementing existing phlebotomy services on weekends

Initiative #1

2nd SHO on nights to improve patient safety

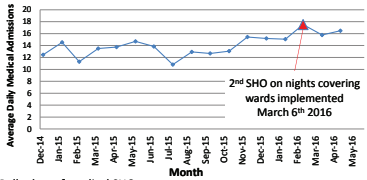
Previous call pattern was for a single medical SHO to cover medical admission in ED and medical patients on the wards with Medical Registrar on call also.

In cases of STEMI MROC or MSHOOC have accompanied patient to St James's Hospital

Average medical admissions in 2015 were ~13/day, increasing to an average of 16 in 2016 (maximum 35 medical referrals)

Increasing patient numbers made it difficult to adequately cover patients in both the ED and on the wards with delays in patients being assessed.

Average Daily Medical Admissions per Month in MRHT - January 2015 - May 2016



Poll taken of medical SHOs –

17/20 SHOs voted for additional SHO on nights even though it would increase call frequency

10 of the 17 votes cast opted for the shift pattern implemented

- Sun-Thurs 21:00 to 09:00 - 5x12 hour shifts - total 60 hours
- Fri -Sun 21:00 to 09:00 - this SHO will have worked Monday to Friday 9-5 - 2x12 and 4x8 hour shifts - total 56 hours

SHO on nights to cover wards, and when wards quiet assist SHO in ED with admissions. Benefits include allowing 1st on call SHO in ED concentrate on medical admissions in ED.

Feedback from NCHDs and Nursing Staff very positive as faster response for unwell patients and more support on call.

Some difficulties during the day as one less SHO Monday-Thursday and 2 less on Friday.

Initially implemented on a trial basis on March 6th 2016. It has been reviewed by Medical Manpower and the Clinical Director and will continue for the foreseeable future.

Initiative #2

Word worksheet to improve communication on call

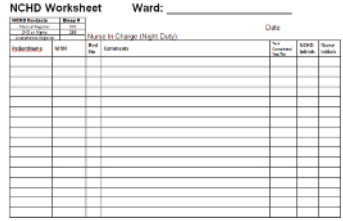
Agreed with Director of Nursing and Clinical Director then rolled out across all wards – implemented on May 17th 2016.

Facilitates handover of relevant information from Nursing Staff to the on call NCHD

Allows non urgent tasks to be recorded and addressed when possible.

Allows tracking of tasks completed on the ward by on call NCHD.

Copy of ward worksheet is below


NCHD Worksheet Ward: _____

Date

Nurse In Charge (Night Duty):

Name	NMBI	Bed No	Comments	Task Completed Yes/No	NCHD Initials	Nurse Initials

Initiative #3

NCHD Tuesday Lunchtime Teaching

Previously only formal medical teaching was Grand Rounds. Weekly teaching sessions with presentations by NCHDs and Consultants - initiated on May 31st 2016 in the Education Centre.

Initiative #4

UL Medical Students supplementing weekend phlebotomy services

Weekend phlebotomy services are provided on a 'grace and favour' basis by weekday phlebotomy staff`, resulting in occasional gaps in weekend services when they are unable to cover them.

These gaps fall to the NCHDs on call to fill.

UL graduate medical students rotate through MRHT during term time and some perform electives during holidays.

Discussed with UL students about the possibility of supplementing weekend phlebotomy services – very positive feedback – medically related paid work.

Submitted proposal to Director for Nursing - plan is that interested UL students will receive phlebotomy training in MRHT and can register as contract staff for payment.

For pilot rollout the weekend of July 9-10 2016.

Summary

As Lead NCHD much of my focus has been on implementation of quality and process improvements based around call. With the 2nd on call SHO on nights covering the wards, patients are seen sooner, and there is less pressure on the SHO admitting in the ED and the Registrars on call. The ward worksheet allows all tasks to be noted with required patient details. Reducing gaps in weekend phlebotomy services will reduce pressure on NCHDs on call.

Also actively involved with Transfer of Tasks committee, Sepsis Committee, and Kardex redesign committee.

Thanks

Many thanks to Clinical Director Mr Sean Johnston, Director of Nursing Katherine Kenny, Medical Manpower Manager Lorna Bannon, their respective staff, the NCHD committee and my fellow NCHDs for assistance in implementing the above proposals and in particular Dr ASA Safras for his help in organising the NCHD teaching.

"Doctor Who?": Getting a hospital bleep list right

Dr James Mahon

St James's Hospital, Dublin

Objectives:
Our hospital has over 300 NCHDs who constantly change from team to team throughout the year. Pagers (bleeps) are carried by NCHDs primarily for nurses and other doctors to contact them. Unfortunately the bleep list did not accurately reflect who carries which bleep, and many bleeps were broken or missing. Therefor this method of communication was inexact and unsafe.

Implementation:
We organised meetings with Communications Department and Facilities Management to affect a solution. We developed a new on-line bleep list that could be updated live by our Communications Department on an hourly basis. We distributed information to all NCHDs on how they can inform Communications by phone or e-mail of any inaccuracies pertaining to their own bleep. We also secured agreement from Facilities Management for funding for repair or replacement of damaged or missing bleeps through the hospital Directorate structure.

Outcomes and duplication of project:
Audits of our hospital Bleep List showed that the accuracy of its information increased from 70% to 98% following the implementation of this project. Nurses and NCHDs report reduced wastage of time spent bleeping the wrong person. This item remains a standing order on our NCHD Committee meeting agendas so that the topic will be kept under monthly review. This model can be easily mimicked across other hospital sites.

"Doctor Who?"
Getting a hospital bleep list right

James Mahon, Lead NCHD, St James's Hospital, Dublin 8
& SJH NCHD Committee

Objectives:

Our hospital has over 300 NCHDs who constantly change from team to team throughout the year. Pagers (bleeps) are carried by NCHDs primarily for nurses and other doctors to contact them. Unfortunately the bleep list did not accurately reflect who carries which bleep, and many bleeps were broken or missing. Therefor this method of communication was inexact and unsafe.

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Taking Stock of the Situation: Implementation of a standardised layout for ward stock rooms

Dr James Mahon

St James's Hospital, Dublin.

Objectives:
All hospital wards have a stock room where clinical supplies are stored for day-to-day use. Items include paraphernalia for taking blood tests, placing intravenous cannulae, inserting catheters; stock rooms also contain drug supplies and other nursing-related items. The layout of every stock room differs; so much time was wasted by our NCHDs in trying to find the same regular items in different places on up to thirty different wards. We set out to construct and implement a standardised layout for all wards.

Implementation:
We surveyed 111 nurses and NCHDs to gauge support a standardised layout. We organised meetings with NCHDs and drew up draft plans for standardised layouts based on most commonly-used items. We held joint meetings with NCHDs, Nursing Administration and Facilities Management to agree on an approach. We identified two wards to pilot the new layout and got agreement from the CNMs. We piloted the new layout on for one month; feedback was overwhelmingly positive.

Outcomes:
Following the success of our pilot, the SJH Nursing Practice Development Unit is undertaking to implement this project hospital-wide. The standardised layout has now been put in place in a quarter of our hospital's wards.

Difference it made to NCHDs:
Timesavings for NCHDs have amounted to 30 minutes per intern per day, allowing them to reduce overtime hours and devote more time to patients rather than searching for stock items.

Tangible outcomes:
Cost savings to the hospital once the project is fully implemented are estimated to be €150,000 per annum in terms of NCHD overtime alone.

Continuation of project:
The new layout is currently being implemented site-wide. We will liaise with Nursing Admin for semi-annual audit of the current layout and consider further improvements.

Duplication of model in other sites:
Having tabulated our standardised layout, and left room for a degree of individualisation, we can supply "blue-prints" for this project to all hospitals, as well as audit information and cost-saving data, to facilitate country-wide implementation.

Taking Stock of the Situation: Implementation of a standardised layout for ward stock rooms

James Mahon, Lead NCHD, St James's Hospital, Dublin 8
& SJH NCHD Committee

Objectives:

All hospital wards have a stock room where clinical supplies are stored for day-to-day use. Items include paraphernalia for taking blood tests, placing intravenous cannulae, inserting catheters; stock rooms also contain drug supplies and other nursing-related items. The layout of every stock room differs; so much time was wasted by our NCHDs in trying to find the same regular items in different places on up to thirty different wards. We set out to construct and implement a standardised layout for all wards.

Implementation:

We surveyed 111 nurses and NCHDs to gauge support a standardised layout. We organised meetings with NCHDs and drew up draft plans for standardised layouts based on most commonly-used items. We held joint meetings with NCHDs, Nursing Administration and Facilities Management to agree on an approach. We identified two wards to pilot the new layout and got agreement from the CNMs. We piloted the new layout on for one month; feedback was overwhelmingly positive.

Outcomes:

Following the success of our pilot, the SJH Nursing Practice Development Unit is undertaking to implement this project hospital-wide. The standardised layout has now been put in place in a quarter of our hospital's wards.

Timesavings for NCHDs have amounted to 30 minutes per intern per day, allowing them to reduce overtime hours and devote more time to patients rather than searching for stock items.

Cost savings to the hospital once the project is fully implemented are estimated to be €150,000 per annum in terms of NCHD overtime alone.

Continuation of project:

The new layout is currently being implemented site-wide. We will liaise with Nursing Admin for semi-annual audit of the current layout and consider further improvements.

Having tabulated our standardised layout, and left room for a degree of individualisation, we can supply "blue-prints" for this project to all hospitals, as well as audit information and cost-saving

"What the ***bleep!!": Implementation of a Local Bleep Policy

Dr James Mahon

St James's Hospital, Dublin

Objectives:
Hospital pagers (bleeps) are used as the primary means of communication between NCHDs and nurses. As doctors may receive more than 100 bleeps per day, it is important to minimise unnecessary bleeps and ensure the most important messages are quickly received. We set out to write and implement a hospital-wide bleep policy for NCHDs and nurses, so as to reduce the time that each group had to devote towards bleeps and hence improve patient care and increase efficiency.

Implementation:
We organised meetings with NCHDs and our Nursing Practice Development Unit and collaboratively wrote a bleep policy document to reflect current practices. We gave comprehensive guidance to nurses – including student nurses – as to when it is necessary to bleep a doctor. We included emergency-only bleep periods during on-call hours, and emergency-only bleep periods during scheduled NCHD teaching sessions. We included up-to-date references to correct use of the Early Warning Score system. Having reached consensus between Nursing and NCHDs we submitted the policy for approval to the Medical Board and rolled it out in June 2015.

Outcomes and defences the project has made:
We have conducted two audit cycles of the policy, showing widespread implementation throughout all wards. The policy has ensured NCHDs are less-often diverted away from treating acutely unwell patients to answer non-emergency bleeps. In addition, NCHDs report less-frequent interruptions to education sessions, such as Grand Rounds and Journal Club.

Tangible outcomes:
Attendance at NCHD education sessions has increased since the policy was implemented. Nursing administration has reported better morale and less frustration amongst ward staff.

Continuation of project:
The bleep policy will be further refined and monitored through a system of semi-annual audits that will be conducted collaboratively between nurses and NCHDs.

Duplication of model in other sites:
Through the Lead NCHD network, this model can be duplicated across all hospitals by copying the SJH policy with site-specific amendments, subject to joint owenership by nursing, NCHD and consultant staff.

"What the ***bleep!!" Implementation of a Local Bleep Policy

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Round Table Agreement: A format for NCHD committee meetings

Dr James Mahon

St. James's Hospital, Dublin

Objectives:
For many years our hospital has held monthly NCHD committee meetings, attended by the NCHD body, representatives of the Medical Workforce Unit and the Chairman of the Medical Board. It became apparent that many issues discussed related to the interface between nurses and NCHDs, safety and security concerns and practical matters relating to the Doctors' Res. We found that it was necessary to have a broader hospital representation at our meetings on a regular basis.

Implementation:
The Lead NCHD met separately with the Director of Nursing, the head of Security, the head of Facilities Management and the Director of the Quality and Safety Improvement Directorate to outline their important role in NCHD matters and invite them to our monthly meetings. We now send out electronic invitations to these group representatives to attend our monthly committee meetings and encourage them to send a substitute if unable to attend themselves.

Outcomes:
We now have a 100% record of attendance from Nursing, Security, Facilities, HR and Quality and safety at our meetings. Practical workplace concerns between NCHDs and these groups can be easily raised in a collaborative environment, which improves communication and efficiency. This has allowed us to implement many quality improvement programmes that would not previously have been possible, such as our hospital-wide Bleep Policy and our Ward Stock Room Standardisation Project, which is projected to save the hospital in excess of €150,000 per annum.

Continuation of project:
The continuation of this model has now become ingrained in hospital practice and remains as part of the standing orders for our monthly committee meetings.

Duplication of model in other sites:
This model can be easily duplicated at all other hospital sites by following the model outlined above.

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Survival Guide: Developing and updating an Intern Handbook

Dr James Mahon

St James's Hospital, Dublin

Objectives:
Newly-qualified doctors are expected to take on a massive number of new tasks in a workplace that is largely unfamiliar. However there is a large degree of predictability of these clinical and practical tasks. In 2004, NCHDs from our hospital developed a short pocket book titled, *the SJH Intern Guide*, giving invaluable pointers for dealing with common calls and procedures. As of mid-2015, the content had not been updated in four years, nor had an electronic version been developed to cater for the modern smartphone era.

Implementation:
In conjunction with our postgraduate education centre, the William Stokes Postgraduate Centre, we set up a subcommittee of NCHDs to comprehensively review the content of each chapter of the booklet with appropriate consultant oversight. We arranged for the updated content to be printed with an educational grant from a pharmaceutical company, thus avoiding any costs for the hospital. We then secured sponsorship from the pharmaceutical industry to produce an electronic version of the booklet that will be edited to fit on smartphones and tablets, with fully searchable indexed content, so that interns will have unrestricted instantaneous personal access to this valuable resource.

Outcomes:
The updated content of the Intern Guide has been distributed to the new intake of interns and the electronic version is in development.

Difference it made to NCHDs:
Interns now have an updated source of clinical information that improves the quality of care they give and reduces the need to call on senior colleagues for routine queries.

Tangible outcomes:
This initiative has been delivered as a cost-neutral project to the hospital.

Continuation of project:
The subcommittee of our Postgraduate Centre will monitor and update the content of the Intern Guide to ensure it remains current.

Duplication of model in other sites:
Once the electronic version of the booklet is fully developed, it can be provided to other hospitals free of charge.

Survival Guide:
Developing and updating an Intern Handbook

James Mahon, Lead NCHD, St James's Hospital, Dublin 8
& SJH NCHD Committee

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A Midsummer Night's Dream: Intern cover for a week of nights

Dr James Mahon

St James's Hospital, Dublin

Objectives:
The movement towards European Working Time Directive (EWTD) compliant rotas have led to NHCDs working shifts of several nights in a row. In our hospital, Interns do shifts of five nights in row during the week. We identified that this poses a problem for the first week of the medical year, i.e. immediately after the July changeover. In this scenario, some interns would commence their working life with a week of nights. We considered this unfair to interns and unsafe for patients.

Implementation:
In order to avoid interns doing a night shift in their first week of work, our NCHD Committee engaged with our Medical Workforce Unit and the Intern body to organise that the interns who were completing their year would cover the fist week of nights for the incoming interns. This would avoid the undesirable scenario outlined above.

Outcomes:
Agreement was secured from the Medical Workforce Unit to fund this project, which represented a cost increase of 15-20% per doctor per hour for the five nights in question. Although a marginal cost was incurred by the hospital, there is a potentially large saving by the avoidance of risk occurrence during this critical week of the medical year. Interns have reported a smoother and less stressful transition to hospital life.

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Getting the Ball rolling: Funding Structure for a Doctor's Res Committee

Dr James Mahon

St. James's Hospital, Dublin.

Objectives:
Most large hospitals have a "Res Committee" through which NCHDs organise social events. Funding for the committee can be difficult. We set out to make a secure funding model so as to guarantee a steady revenue stream to organise events that would boost NCHD morale and make the hospital a more attractive workplace.

Implementation:
In May 2015 the SJH Res Committee organised a hugely successful hospital Summer Ball in the Guinness Storehouse. Such was the popularity of this event that we set to organise this again, but knowing demand would be high we gave preferential reduced-price ticket sales to NCHDs who signed up to a monthly standing order for our Res Fund. Through this funding model, we secured standing orders from more than 50 NCHDs and achieved a constant year-long revenue stream.

Outcomes:
Funding was available for monthly NCHD social events, negating the need for ad hoc funding initiatives or the cancellation of events due to lack of cash-flow.

Difference it made to NCHDs:
The more reliable social calendar that could be organised by the Res Committee improved NCHD morale and improved job satisfaction amongst NCHDs.

Tangible outcomes:
No additional cost was incurred by the hospital in this project, which boosted morale amongst the CNHD body.

Continuation and duplication of project:
This model of funding has become a standing matter for the NCHD Committee and the Res Committee and can be easily duplicated across other hospital sites.

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James Mahon, Lead NCHD, St James's Hospital, Dublin 8
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No additional cost was incurred by the hospital in this project, which boosted morale amongst the NCHD body.

Continuation and duplication of project:

This model of funding has become a standing matter for the NCHD Committee and the Res Committee and can be easily duplicated across other hospital sites.

"It's SHOwtime!": Implementing a teaching programme for SHOs

Dr James Mahon

St. James's Hospital, Dublin

Objectives:
Senior House Officers are very much the journeymen of the medical world. They lack the same career identity as either interns or registrars. We set out to institute a dedicated teaching programme for medical SHOs in our hospital and also attempted to promote their development of professional identity.

Implementation:
At NCHD committee level we coordinated a programme of weekly lunchtime peer-led medical SHO teaching sessions in a ward seminar room, with specialist registrar oversight. We secured pharmaceutical company sponsorship to provide food. We employed e-mail and social media to encourage SHOs to attend. Simultaneously we secured the support of the Medical Board to approve this teaching session as a designated or protected hour for SHO learning (unless an emergency clinical issue arises).

Outcomes:
Weekly attendance at these education sessions is 25-30 SHOs. A concurrent monthly evening consultant-led lecture and dinner for SHOs attracts similar numbers.

Difference it made to NCHDs:
SHOs report improved morale and better job satisfaction following the implementation of this project.

Tangible outcomes:
The number of applicants for medical SHO posts in our hospital group has increased. This project has been delivered entirely cost-neutral to the hospital, thanks to pharmaceutical company sponsorship and the support of the Medical Board in terms of scheduling clinical commitments so as not to clash with teaching sessions.

Continuation of project:
Our postgraduate education centre, the William Stokes Postgraduate Centre, has taken on the governance of this programme, but executive management of it will remain with SHOs.

Duplication of model in other sites:
The Royal College of Physicians of Ireland has visited our site to see this programme in action and aim to incorporate this model as part of the national medical SHO curriculum.

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Purplemonkeydishwasher: Implementing Medical Handover

Dr James Mahon

St. James's Hospital, Dublin.

Objectives:
Many speciality services in our hospital have a formal Friday afternoon weekend "handover" meeting, where teams can inform the on-call staff of patients who may need particular clinical review over the weekend. This system is not currently in place for general medical patients.

Implementation:
Through our NCHD Committee meetings we discussed this topic with the NCHD body, the Quality and Safety Directorate, Nursing Admin and Medical Consultants. We agreed that clinical need warranted the institution of a Medical Weekend Handover meeting without any further delay. We identified three senior general medical specialist registrars along with the Lead NCHD to organise and chair the meetings. We booked a seminar room for the meetings and harnessed the hospital's existing IT system to capture relevant data. Through e-mails and smartphone alerts we are inviting all relevant medical teams to attend this one-hour weekly meeting.

Outcomes:
This meeting is currently in planning and ready for role-out at the time of submission of this abstract. We will audit its effectiveness on a semi-annual basis and further refine the model.

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Monday Masterclass

Dr Ken Courtney

University Hospital Waterford

The aim of the Monday Masterclass was to provide an education programme for NCHDs, consultants and key clinical staff at UHW. The development of a weekly education programme ensures that healthcare professionals are up to date with the ever changing published literature across all disciplines of medicine. This safeguards the high standard of care at UHW.

A working group of NCHDs was convened to discuss the creation of the teaching programme. Consultants, pharmacists and clinical nurse specialists at UHW, as well as the coroner, and public health consultants were invited to be involved in the programme.

We created a teaching programme to enable education of NCHDs, and facilitate discussion of each topic with an expert in a relaxed open learning environment.

All doctors are obliged to participate in a professional competence scheme which includes attending educational sessions, such as the Monday Masterclass. The purpose of the masterclass was not to compete with medical or surgical grand rounds, but to instead compliment them, allowing each specialist to discuss their topic in a way that is relevant for all NCHDs.

The calibre of talks at the Monday Masterclass was so high that other clinical staff started to attend the weekly talks. This has improved cooperation between members of the multidisciplinary team, and provides a hospital wide education programme for all clinical staff.

The teaching programme for the 2016 to 2017 Monday Masterclass at UHW is currently being planned, and non-clinical speakers such as the hospital solicitor, the risk manager and the patient representative officer have been invited to give talks.

I believe this programme could easily be rolled out nationally, with parallel programmes in each hospital. In this way the Monday Masterclass will become an integral part of the NCHD education programme.

Monday Masterclass

Dr Ken Courtney Lead NCHD University Hospital Waterford

Objectives

The aim of this project was to provide an education programme for NCHDs, consultants and key clinical staff at UHW, ensuring the care provided is in line with current best practice guidelines. This has ensured the current high standards of healthcare at UHW were maintained and improved throughout 2015 to 2016.

We created a dedicated teaching programme at UHW with the aim of educating clinical staff (NCHDs, pharmacist, doctors, nurses, physiotherapists, dieticians) by providing updates on key topics in:

- Medicine
- Surgery
- Paediatrics
- ICU management
- Obstetrics

In addition talks from other key speakers such as Occupational Health Physician, Clinical Director Management and the Coroner have been arranged.

Primary Aim

To provide an education programme for staff at UHW. To provide a forum for education in other areas outside of clinical practice: such as the duties of the coroner, the role of the hospital and community pharmacist.

Implementation

- Convened working group of NCHDs to discuss creation of a teaching programme at UHW.
- Invited consultants / pharmacists/ clinical nurse specialists to participate in the teaching programme.
- Emailed specialists outside the hospital, such as public health consultants to invite them to participate in the teaching programme.
- Involved hospital management and received approval from hospital manager.
- Involved other key clinical staff including Pharmacy / Dietetics Department / Clinical nurse specialists.
- Invited Dietetic staff / Pharmacy staff / Nursing staff / Nursing, Pharmacy and Medical students at UHW to attend the teaching programme.

Difference the Monday Masterclass made to the NCHDs at UHW

All doctors are obliged to participate in a professional competence scheme which includes attending education sessions. Attendance at the UHW Monday Masterclass allows doctors at UHW to fulfil their internal requirements for professional competence. In addition this initiative is unique in creating a forum whereby doctors working in the community such as public health physicians and the coroner can keep NCHDs and other key clinical staff up to date on their roles. (for example the reporting of communicable diseases to public health, deaths to be notified to the coroner etc).

Benefits from the initiative

The Monday Masterclass was initially a teaching initiative aimed at NCHDs. The calibre of the speakers and talks is so high that clinical staff from other areas (physiotherapy/ pharmacy / nurses) have started to attend the weekly lectures. This has improved cooperation between members of the multidisciplinary team and provides a hospital wide education programme for all clinical staff. This ensures the commitment to lifelong learning for all clinical staff is safeguarded at UHW. The teaching programme for 2016 to 2017 has already been organised and is keenly anticipated by NCHDs and clinical staff.

Transfer to other sites

The Monday Masterclass has been a wonderful initiative at UHW. With a little organisation, this could easily be transferred to other sites. The creation of a dedicated teaching programme for NCHDs and key clinical staff in each hospital will allow all staff to keep up to date with key clinical developments. Furthermore, it provides a forum for education in other areas outside clinical practice, and this is vital in safeguarding patient care in our hospitals.

UHW Gazette

Dr Ken Courtney

University Hospital Waterford

The aim of this initiative was to increase education and provide a method of communication with NCHDs and other multidisciplinary team members at UHW.

A group of NCHDs were convened during committee meetings to discuss the idea. I then proposed the idea to the hospital management at the executive board meeting at UHW, in addition to discussing it with the CEO. We also involved other key clinical staff such as pharmacy, dietetics service, hospital consultants and hospital management in the planning and design of the Gazette. We invited all hospital staff to submit articles and we did our best to be as inclusive as possible.

The UHW Gazette is published every two months and distributed to all clinical staff at UHW.

It includes a summary of the Monday Masterclass initiative and dedicated columns on evidence based medicine, prescribing guidelines, and a pharmacy corner. It also includes a health and exercise column, as well as novel articles such as a piece on the hospital artist at UHW. Important lifestyle and mindfulness advice are also included. The Gazette facilitates ongoing education of hospital staff. Furthermore, it ensures rotating NCHDs are aware of new initiatives at UHW.

At present NCHDs may spend as little as three months rotating through a hospital. The Gazette allows effective communication with NCHDs and other hospital staff about initiatives specific to UHW. The Gazette also ensures the commitment to lifelong learning and improvement is met at UHW.

Such has been the overwhelmingly positive response by staff members to the Gazette that it will continue to be produced at UHW for the foreseeable future. The creation of a Gazette in each hospital would provide an effective method of communication and education for NCHDs during their rotation in the hospital.

UHW Gazette

Dr Ken Courtney Lead NCHD University Hospital Waterford

Objectives

The aim of this project is to increase education and provide a method of communication with NCHDs and other multidisciplinary team members at UHW.

- To provide a method of communication with hospital staff at UHW
- To improve education and increase awareness of initiatives at UHW
- To provide lifestyle and mindfulness advice to hospital staff

The UHW Gazette is a newsletter published every two months, and distributed to all clinical staff at UHW.

Implementation

- Convened working group of NCHDs to discuss creation of the newsletter
- Involved hospital management and received approval from CEO
- Involved other key clinical staff including Pharmacy / Dietetics / Hospital Consultants / Hospital Management
- Invited Dietetic staff / Pharmacy / Nursing staff / Hospital Management to submit articles for newsletter / consultants / NCHDs after hopsital management.

Outcomes

The Newsletter Includes:

- A summary of the Monday Masterclass teaching initiative
- Prescribing guidelines and projects
- New initiatives being launched at UHW including HSE Quality Assurance initiatives, and reminders about current initiatives such as Early Warning Score, Sepsis 6
- Health and fitness advice including advice re diet and mindfulness
- Highlights internal hospital data such as inoculation injuries, flu vaccine uptake
- Highlights new initiatives at UHW including bed management initiatives and the visual hospital

Difference the Monday Masterclass made to the NCHDs at UHW

Currently NCHDs may spend as little as 3 months rotating through a hospital. The newsletter allows effective communication with NCHDs and other clinical staff at UHW and provided a forum for UHW to present new initiatives to staff in the areas of education / audit/ prescribing.

The Gazette allows communication with key clinical staff and ensures the commitment to lifelong learning and improvement of healthcare is met at UHW.

Transfer to other sites

The creation of a Gazette at UHW has proved to be an effective method of communication between key clinical staff and NCHDs. Such has been the overwhelming positive response to the newsletter it will be continued at UHW for the foreseeable future. The creation of a Gazette in each hospital would provide an effective method of communication with NCHDs during their rotation in each hospital.

Improving the NCHD culture in Cork University Hospital

A 10 point plan

Produced by the CUH NCHD Forum
March 2016

Reproduced in this booklet with kind permission from Dr Liam Healy, Lead NCHD, Cork University Hospital 2015-2016.

"It isn't the mountains ahead to climb that wear you out; it's the stone in your shoe"

-Muhammad Ali

Background

On December 2nd 2015, CUH Salary Department announced that due to an administrative error, 224 of 298 NCHDs would not be paid their overtime. A similar event had occurred the year previously in December 2014. That evening, social media was full of suggestions that CUH as an institution did not value its doctors, urging others not to work there again. The issue was swiftly resolved in the days after the non-payment of overtime. It was not, as some believed, a ploy on the part of hospital management to defer payment until the next calendar year. It was simply an administrative error in the salaries section of the hospital. The episode highlighted, however, a latent belief amongst doctors that they were not properly valued by the hospital.

Objective

To examine ways in which the culture in CUH can be improved so that doctors appreciate that they and their training are valued by the hospital.

1. Induction

First impressions last. The CUH induction for new doctors starting in July is a valuable opportunity to properly welcome new doctors. The induction process should take place in the main CUH auditorium, without exception, affording this occasion the importance it deserves. Previous inductions have taken place in smaller, overcrowded rooms because the main lecture theatre was being otherwise used. Coffee and scones should be provided. Each doctor should get an induction pack containing:

a) A history of CUH, how it has evolved, and where it will be in future
b) At outline of the clinical directorate model and the opportunities for NCHDs to participate in hospital life through various committees
c) Preset ID passwords for the various hospital IT systems
d) An ID card, either processed before arrival with a digital passport photo having been submitted, or organised on the induction day
e) Information on salaries, HR etc., including contact details.

There should be brief introductions from the CEO, Clinical Directors and NCHD leads, if available. Each directorate should then hold more specific inductions later that week, e.g. one for anaesthetic SHOs, one for medical registrars, one for paediatric SHOs etc. A social

evening should be planned by the lead NCHDs for the first Thursday of that week, welcoming new doctors to Ireland, to Cork and to CUH.

2. Language

Culture is often conveyed through symbols and language. Both the terms "Non- consultant hospital doctor" and "junior doctor" are pejorative terms. They don't describe one's strengths or accomplishments but instead highlight one's lack of seniority or what one has not yet achieved. CUH should become a pioneer in Irish medicine in deciding to use more positive terms to describe its medical workforce – examples may include "doctors in training", "residents" etc. Perhaps suggestions could be taken from the hospital staff and the three most popular terms put to a hospital vote. CUH should then adopt this term into its vocabulary in relation to all matters arising with its doctors.

3. Identity

Successful organisations create a brand, not just for customers, but so that employees can identify with a collective, e.g. Munster Rugby. Hospitals are ideally placed to tap into this desire people have to be part of a collective. Every doctor realises that current medical practice means that patients are not treated by an individual but by a collection of individuals working in synchrony to provide the best care possible. CUH should issue every doctor with a lanyard, proudly emblazoned with the CUH logo. Lanyards could be colour coded – red for Registrars, Green for SHOs, blue for interns – so that people can identify with their own "tribe" and so that consultants and nurses can spot a doctor's level of experience at a glance. CUH should ensure that doctors have scrubs that are similarly colour coded, with the word "DOCTOR" on the back and the CUH logo featuring proudly on the front.

4. Recognition

CUH currently recognises the "Intern of the Year" which is a very valued custom within the hospital with some illustrious previous winners. There is no recognition as personally valued as the recognition from one's peers. There should also be an "SHO of the Year" and a "Registrar of the Year" within each Directorate, as voted for by the doctors themselves, with the end of year awards ceremony expanded so that all of the hospital attends and recognises the work of people who have excelled.

5. Training Quality Assurance

Almost every post within CUH is a training post. Anecdotally, some posts are invariably better than others. The very act of measuring the quality of those posts would ensure that training providers fulfil their obligations to their juniors that extend beyond mere service provision. Every CUH intern and SHO post should be assessed with an end of year survey,

administered and collated by the doctors themselves, with the results published, so that the very good training jobs can be applauded and the jobs that are not providing high quality training can be improved as needs be.

6. Human Resources and Salaries

Interactions between doctors and administration could be improved upon. Perhaps a website could be established by CUH on its intranet, explaining clearly what a doctor's entitlements are, how salary is calculated, how overtime is calculated, how tax is calculated etc. I suspect that many of the enquiries to CUH salaries and administration relate to the same recurring issues. Perhaps once every month, a representative from the administrative staff could come to the main hospital building at a pre-designated time and answer any questions people have, either collectively or individually.

7. Engaging with Senior Management

At a recent NCHD forum meeting in CUH, the CEO offered in future to speak to Specialist Registrars on various matters in relation to life as a Consultant and the management responsibilities that entails. Specialist Registrars, regardless of whether they are at the start or the end of their training would find it very valuable to have a clearer insight into the Consultant interview process, how clinicians engage with senior management, changes in the structure of hospital governance etc. A short programme of lectures on these topics, given by senior management, would give CUH trainees a considerable advantage in advancing their training towards a consultant post.

8. Task Transfer

A recent, internally published, three year survey of the intern experience in CUH revealed that the single biggest thing that interns would change to improve their training was to reduce the undue reliance on them to undertake ward-based tasks that, from an organisational point of view, would more appropriately be undertaken by colleagues. CUH lags behind the equivalent Dublin teaching hospitals, for example, in insisting that ward based tasks such as ECGs, first dose intravenous medicines, phlebotomy and intravenous cannulation, are solely the responsibility of a doctor. A national plan is underway to ensure that these tasks are distributed more fairly and CUH should ensure that this occurs as soon as is possible.

9. Infrastructure

Many wards in CUH have just two computers per ward, shared by doctors, nurses and therapy staff. There in no non-clinical area in the hospital where doctors can go to do various tasks, from printing an inpatient list, to checking an x-ray result to accessing a paper for journal club. I suggest doubling the number of computers on each ward, but also ensuring that each ward has an office area for doctors so that they can undertake the vital administrative parts of their job, removed from the hurly burly of ward life. I also suggest a computer room for doctors so that they can access journals and other educational material online in an appropriate environment.

The doctors' Res in CUH is in need of refurbishment. One of the biggest barriers to a nicer Res is a cultural shift required amongst doctors themselves and how they shouldn't mistreat it by leaving it untidy, with foodstuff lying around etc. What is clear is that there is not enough space for personal items such as bags or coats. Similarly a kitchen area where one can simply make a cup of coffee would be a welcome addition.

10. Publishing Recent Wins

The recent disquiet over the overtime issue in December 2015 did not reflect the enormous progress that has been made in CUH in recent years from an NCHD perspective. Put simply, there has never been a better time to be an NCHD in CUH and the recent gains should be made obvious to all:

a) Most of CUH's NCHDs are EWTD compliant. CUH has an EWTD committee with direct involvement with senior management that meets twice a month.
b) There have never been more positions on various hospital committees through which NCHDs can get involved in shaping CUH as an institution.
c) CUH has never had more educational opportunities available from departmental journal clubs, though to departmental Radiology meetings, to SHO teaching, intern teaching and the weekly hospital Grand Rounds.
d) CUH has very high pass rates for MCRP exams with a comprehensive Consultant-led tutorial schedule before each exam and a very high rate of SHOs progressing on to Higher Specialist Training
e) There is a real appetite amongst senior management to involve NCHDs in improving the training opportunities the hospital provides.

Conclusion

Management Consultant Peter Drucker is attributed with the quote "Culture eats strategy for breakfast". What is being increasingly realised in the business world is that creating the right organisational culture is a valuable recruitment tool. The marketplace for recruiting junior doctors used to be local. It is now national and even international - each of the top

three Irish graduates from UCC medicine class in 2015 chose to undertake their intern training in Dublin rather than in CUH. Staff retention in medicine is problematic for reasons beyond the remit of CUH. Morale amongst junior doctors is undoubtedly low due to pay cuts and uncertainty over training prospects. Operating within this difficult national environment is a huge challenge for CUH.

An organisation's culture is embodied by the rituals, myths, symbols and stories that make up the organisation's history, its priorities and its vision for the future. CUH should not anchor its ambition for its NCHDs in the low expectation of doctors' working conditions in times past, but should continue to build on its recent advances, driven by senior management, to make its NCHD cohort feel respected and valued. Collectively improving the small aspects of CUH life - the "tiny noticeable things" - will ensure that CUH is a hospital that people will be proud to be a part of.