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Η εισαγωγή του συστήματος  
«το νοσοκομείο τη νύχτα»  
στο εθνικό σύστημα υγείας  
του Ηνωμένου Βασιλείου

Περίληψη στο τέλος του άρθρου

# The “hospital at night” medical cover in the UK

In 2004 the European Union introduced changes in the legislation which affects all doctors working within its jurisdiction. In particular, the European Working Time Directive stipulates that doctors in training should work on average no more than 48 hours per week. Greece has a responsibility to apply these regulations to the National Health Service. The response of the UK was to produce the “hospital at night” project which was designed to redefine provision of out-of-hours medical cover, with particular emphasis on multidisciplinary teamwork, improved communication, more efficient use of time and cover based on competence rather than staff grade. Night shifts begin with an organized handover meeting that acts as an opportunity to review acutely unwell patients, aids continuity of care, provides a forum for staff education and teamwork and improves information transfer. During the night a nurse co-ordinator with an extended clinical role is responsible for assessing patients with problems before doctors are called to attend to them. The “hospital at night” project has been implemented successfully in the UK. Greece could draw on the scheme as a model for change in its own hospital system. A pilot study in the Greek National Health Service, based broadly on the UK project, would be a useful way to assess its effectiveness in the context of the Greek healthcare delivery system.

### Key words

European working time directive  
Hospital at night  
Out-of-hours cover

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## 1. INTRODUCTION

In August 2004 the implementation of the European Working Time Directive (EWTD) necessitated a significant shift in the employment regulations for doctors in training. In particular, the regulations stipulate that doctors in training should work an average of no more than 48 hours a week.<sup>1</sup> As this change in regulations affects the Greek healthcare system there is a real need for review of the traditional hospital night duty for doctors in Greece, in order to comply with these regulations whilst retaining high standards in hospital medicine.

## 2. “HOSPITAL AT NIGHT” PROJECT

The UK “hospital at night” project, introduced in August 2004, was developed in response to the EWTD. Its creation was intended to redefine the provision of out-of-hours medical cover.<sup>2</sup> The project aimed to emphasize multidisciplinary teamwork, improved communication, and more efficient use of time, and to provide cover based on competence rather than staff grade. These aims were to be achieved without compromising the quality of clinical training or patient care. The “hospital at night” scheme has now been in operation in the UK for over two years.

## 3. MULTIDISCIPLINARY NIGHT TEAM

The project advocates the use of a single multidisciplinary night team, headed by a night co-ordinator, rather than specialty-specific staff working individually as was traditionally the case. In practice, this means that night doctors work across the whole hospital where needed and enlist help from other members of the team when necessary. There is evidence that effective multidisciplinary teamwork leads to better outcomes for both patients and staff, by improving clinical decision making, enhancing innovation and reducing levels of work stress.<sup>3</sup> The Academy of Royal Colleges supports such a multidisciplinary approach to night working.<sup>4</sup>

## 4. ORGANIZED HANDOVER

Each night begins with an organized handover. Those present include medical and surgical members of the day and night staff and a night co-ordinator nurse. The face-to-face handover reviews acutely unwell patients who require special attention. It improves continuity of care, which leads to fewer multiple clerkings, saving time and enhancing patient satisfaction.<sup>5</sup> The discussion of patient management in a multidisciplinary environment provides

a forum for staff education and development of teamwork without the usual distractions inherent on the wards.<sup>6</sup> Such an organized patient handover system is believed to reduce information gaps between healthcare professionals. Healthcare studies have shown that inadequate information transfer is just as likely as lack of information to be responsible for medical errors.<sup>7,8</sup>

## 5. NIGHT CO-ORDINATOR

The individual members of the team leave the handover meeting with a list of jobs needing to be carried out for each patient during the shift. Thus, tasks are defined and provide concrete objectives for all to see. Once the team has dispersed the role of the night nurse co-ordinator comes into play.<sup>9</sup> The co-ordinator, usually a senior nurse with an extended clinical role, assesses paging calls from the nursing staff and ensures that appropriate doctors are contacted only when necessary, having been trained in a greater array of technical skills in order to achieve this. This role is at the heart of one of "hospital at night's" key objectives: Cover based on competence rather than grade. One of the problems of the traditional night system was the paging of doctors for inappropriate reasons, such as doctors being paged for the same task by different nurses. The new system means that the nurse co-ordinator filters all the calls from nurses and decides on appropriate action, which includes paging junior or senior doctors as necessary. This removes pressure from both nursing staff and junior doctors with regard to seeking help from senior colleagues.

## 6. BALANCING THE WORKLOAD AND ITS PROBLEMS

The balance of a normal hospital workload varies during any one 24 hour period; the "hospital at night" project aims to reflect this. The workload is typically high in the evening, falling to a low of around a quarter of this level over all specialties at 5 a.m.<sup>10</sup> Thus, non-urgent work, such as phlebotomy, should be deferred to the daytime. Multiple clerkings can be kept to a minimum and different specialties share the load when workload imbalances occur. These

practice changes are designed to make more efficient use of time and make night workloads more manageable.

The shift of the "hospital at night" project from the night staff acting as individuals representing different specialties to acting as a single team has, nonetheless, brought some problems. The "helping out" of colleagues at times of increased workload leads to patients being seen quicker and certain specialties having a reduced workload, but the sharing of the workload has unavoidably led to increased work for other specialties. For example, surgical night shifts often involve a mid-shift lull; thus, members of the surgical team seeing medical patients at this time inevitably leads to the redistribution of labour in multidisciplinary teamwork putting extra burden on the surgical staff.<sup>11</sup>

## 7. IMPACT OF "HOSPITAL AT NIGHT"

The project of the final report "hospital at night" evaluated its implementation and impact.<sup>12</sup> Its conclusions were that the staff reported a positive experience of the "hospital at night" project and perceived that patient care had improved, and that less "urgent" work was being carried out at night. The staff surveyed perceived no adverse effects on the education and training of doctors. Thus, so far, the "hospital at night" project is considered to have achieved many of its founding objectives.

## 8. CONCLUSION

In the UK, the WTD is being applied in stages, with an intermediate average of 58 hours per week; by 2009 doctors in training should be working no more than 48 hours a week in order to comply with European legislation. Greece also is required to fulfil these obligations, and the successful British experience of the "hospital at night" project could serve as a model for the Greek National Health Service. A pilot study based broadly on the UK scheme could be designed to assess the effective integration of such a project into the Greek hospital system, which would be a positive step in the ongoing evaluation of the healthcare delivery system in Greece.

## ABSTRACT

**Η εισαγωγή του συστήματος «το νοσοκομείο τη νύχτα» στο εθνικό σύστημα υγείας του Ηνωμένου Βασιλείου**

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To 2004, η Ευρωπαϊκή Ένωση εισήγαγε αλλαγές στη νομοθεσία που αφορά στο εργασιακό καθεστώς των ιατρών που

εργάζονται εντός των ορίων της. Συγκεκριμένα, ο Ευρωπαϊκός Εργασιακός Κανονισμός ορίζει ότι οι ειδικευόμενοι ιατροί θα εργάζονται κατά μέσο όρο χρονικό διάστημα που δεν θα υπερβαίνει τις 48 ώρες εβδομαδιαίως. Η Ελλάδα έχει την υποχρέωση να εφαρμόσει τον κανονισμό αυτό στο δικό της Εθνικό Σύστημα Υγείας (ΕΣΥ). Το Ηνωμένο Βασίλειο υιοθέτησε τον κανονισμό αυτόν και δημιούργησε το πρόγραμμα «το νοσοκομείο τη νύχτα», που σχεδιάστηκε ώστε να επανακαθορίσει τους κανόνες λειτουργίας της ιατρικής κάλυψης κατά τη διάρκεια των ωρών της εφημερίας με ιδιαίτερη έμφαση στην ομαδική δουλειά, τη βελτίωση των επικοινωνιών και την αποτελεσματικότερη διαχείριση του χρόνου. Το πρόγραμμα βασίστηκε περισσότερο στις ικανότητες και λιγότερο στο βαθμό του ιατρικού προσωπικού που μετείχε. Οι νυχτερινές βάρδιες ξεκινούν με μια συγκέντρωση του εμπλεκόμενου προσωπικού, που ενημερώνεται για την κατάσταση των ασθενών και κυρίως των οξέως πασχόντων, τη φαρμακευτική αγωγή και το πλάνο της αντιμετώπισής τους. Με τον τρόπο αυτό βελτιώνεται η παροχή πληροφοριών στο εφημερεύον προσωπικό, αλλά ταυτόχρονα γίνεται και εκπαίδευση του προσωπικού. Κατά τη διάρκεια της νύχτας, η «υπεύθυνη» νοσηλεύτρια, επικεφαλής της βάρδιας, έχοντας διευρυμένες κλινικές ευθύνες, είναι υπεύθυνη για την αναγνώριση των ασθενών με πρόβλημα πριν καλέσει τον εφημερεύοντα ιατρό για την αντιμετώπισή τους. Το πρόγραμμα «το νοσοκομείο τη νύχτα» έχει λειτουργήσει αποτελεσματικά στο Ηνωμένο Βασίλειο. Η Ελλάδα θα μπορούσε να αντλήσει πληροφορίες και εμπειρίες από το Βρετανικό σύστημα και να το προσαρμόσει στις ανάγκες του δικού της ΕΣΥ, ώστε να βελτιώσει την αποτελεσματικότητα του ΕΣΥ κατά τη διάρκεια της νυχτερινής βάρδιας.

**Λέξεις ευρητηρίου:** Νοσοκομείο τη νύχτα, Ευρωπαϊκός Εργασιακός Κανονισμός

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