



# Sharing Knowledge, Saving Time: A doctors' directory to aid trainees

**Barker W, Houston J, Mew E, Qureshi I** (F2 GSTT, F2 C&W, F2 Kings, SpR Micro SGH)  
**Bates S, Clark J, Goode E, Hayter J, Jenkins M, Monem M, Palmer E, Pedley R, Piggot J, Rae L, Rajoo R, Rintoul-Hoad S, Sokolov E et al.**

*Can you think of any industry where they would change all the factory floor workers every year on the same day?*



## Problem

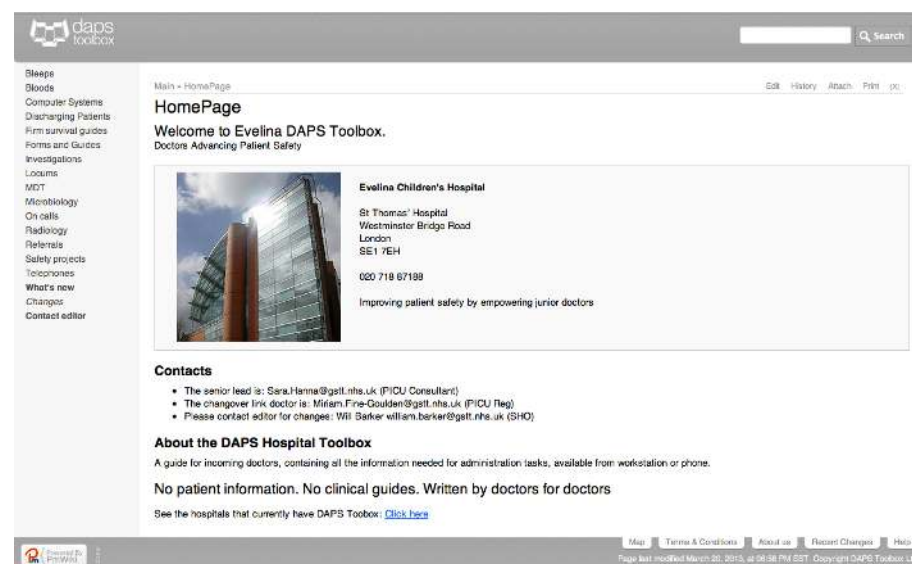
- Junior doctors 'rotate' frequently, ending up in new jobs with knowledge lost between cohorts as how best to do the job.
- Unfamiliarity with the job often leads to administrative tasks being missed or performed badly. Doctors spend time learning the new job.
- A disproportionate amount of time can be spent looking for the 'right form' or trying to find the right person to send it to.

## Primary aims of the project

- Improve patient safety by facilitating better handover between rotating doctors.
- Improve the efficiency (and reduce the stress) of junior doctors.
- Provide specific, local information on how to complete administrative tasks.

## Assessment of problem and analysis of its causes

- We surveyed 20 junior doctors at St Peters hospital.
- Doctors took up to 2 months to familiarize themselves with a new post
- They 40 minutes a day due to unfamiliarity with referrals, forms and firm-specific administrative processes.
- Their main source of information was other doctors, rather than trust guidelines- implying a waste of other doctors' time.



## Intervention

- Our initiative, the 'DAPS Toolbox'\*, provides doctors with a hospital-specific, online directory. The Toolbox is set up and run by junior doctors, providing up-to-date, relevant information and 'survival guides' for each of the firms.
- In comparison to traditional paper based guides, the Toolbox is uniquely available through intranet, internet and smart phone platforms. It is in wiki format, allowing simple updates in minutes. Updates are made by 'editors'; trainees at trusts who build on the toolbox as part of their own safety project.
- The Toolbox is not for patient information, clinical guidelines or sensitive information and is moderated to ensure content is appropriate. It is already being used at 20 trusts and a demo is available here:

[www.daps.org.uk/doctors/toolbox](http://www.daps.org.uk/doctors/toolbox)

## The site content

- **Handover guides** for all F1/F2 firms
- **Bleeps** of doctors & MDT
- **Extension numbers** for wards, secretaries
- Commonly used **reference guides** specific to the hospital
- How to make **speciality referrals** within the hospital
- How to request specific **investigations** within the hospital
- Downloadable **forms**
- A resource for **teaching** and post graduate medical education
- A resource for **locums**



## Plan / strategies for sustainability of change

- The site has 4 elements of sustainability of change:
- We aim to pass on ownership & updating responsibilities to every incoming cohort of junior doctors at a hospital, giving them autonomy to develop the site to improve patient safety.
  - Engaging junior doctors with emails and posters, especially around job rotations in Aug/Dec/Apr when job unfamiliarity is greatest
  - Enablement, by engaging medical directors, patient safety leads and foundation schools to improve the idea and support implementation in new hospitals.
  - Expansion through networks of motivated junior doctors, facilitated by a scalable solution.

**\*Doctors Advancing Patient Safety**

## Measurement of improvement

- We used Google Analytics to measure website activity.
- We repeated the survey at St Peters hospital and also collected information from other hospitals that had created similar sites with our support.

## Effects of change

- A survey of junior doctors (Northwick Park N=22) showed that the Toolbox improves efficiency, producing a statistically significant reduction in time spent adjusting to a new job. 81.0% of F1s surveyed used the site. Of those using it, 93.8% found it a useful way to access information and 100% felt it saved them time. Mean self-reported time saved: 39.4 minutes per doctor per day. Roughly £12.5 per doctor per day (for 40 minutes at F2 1A banding). The group of Northwick Park doctors surveyed saved £1575 in one week (18/22=81% x 12.5 x 7)
- If scaled to just 20 trusts, which the Toolbox is with ease, then this saving increases to over £31,000 per week.
- Improved efficiency results in better patient care and hence safety. We can infer that patient care has been improved through reduced errors in making referrals, ordering investigations and allowing more time spent with patients.
- The project is easily replicable and can be expand to other hospitals with little additional work.

## Lessons learnt

- If you can define a process you can refine a process. In this case, the process is that of handover and referral.
- This tool provides the means for lasting improvement as these developments can be accessible to all junior doctors.
- There are ways of using technology which does not breach hospital information guidelines, but be informed and careful. IT can be free, with no paper, no adverts- using open source software.
- Advances in IT are revolutionizing processes around the world- they should be embraced by medicine. Technology can be better and more lasting than simple paper based solutions.



**Sir Bruce Keogh, Medical Director NHS**



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