

FATIGUE AND WELFARE – AVOIDING AND MITIGATING SHIFT OVER-RUNS

Setting	UHBW: Southwest Neonatal Advice and Retrieval Team
Staff	SoNAR Team
Patients	All

Context

Critical care transport is an unpredictable speciality with physical and emotional challenges. These demands on the transport team can have a detrimental effect on the team's welfare and levels of fatigue. Because the team is often working in isolation, or at least in a much reduced team size, acknowledging and addressing the impact of fatigue and welfare on the team's performance is particularly important. These factors can have short and long term consequences.

Over-runs increase fatigue, the risk of making errors (communication, documentation, prescription, dynamic risk assessments), and they have a negative impact on staff welfare and the sustainability of a 24 hour service. They also put staff at risk of having to drive home when excessively tired, and so have an impact beyond that which is directly related to SoNAR's clinical responsibilities.

The following information provides two frameworks for addressing fatigue associated with shift over-runs, as well as providing organisational and individual resilience / support in these challenging and demanding situations.

Strategies to avoid an over-run

All attempts should be made to avoid over-runs but there are occasions when either the transfer is deemed high priority/time-critical, or delays occur during the transport meaning that an over-run is likely.

Referrals that are received towards the end of a shift create uncertainty, and there can be difficulty balancing clinical, logistical, and personnel priorities. In the event of an intensive care uplift transfer referral at this time, the following questions should be asked.

- 1) Will a delay in dispatch mean that the infant comes to harm?

If the answer is **yes**, then the team need to dispatch regardless of the time in order to expedite the delivery of care required by the neonate, and anticipate needing to coordinate a team swap.

If the answer is **no**, then the following question needs to be asked.

- 2) Will the team come to harm (incur an overrun of >2 hours) if they dispatch now?

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If the answer is yes, then it is appropriate to discuss delaying the dispatch of the team. This decision needs to be made in discussion with the SoNAR Consultant, updating the referring consultant team, and ensuring appropriate plans and advice are in place to support the referring team appropriately until the transport team arrives. Regular clinical updates may clear advice should be given to allow for early identification of potential deterioration or other clinical / logistical challenges.

Key points

- The default position is that the team starting their shift will come and relieve the team who is over-running.
- In order to avoid delays whilst waiting for the relief team, the primary team can depart the referring Unit and undertake a team-swap en-route to the receiving Unit.
- There are some occasions where a team swap can take place at the receiving Unit. The primary team can then handover to the receiving team, answer any questions, and leave the relieving team to support the transfer of the patient to the receiving Unit's equipment.

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Plan

- 1) First SoNAR team member on site checks to see if the team is already out (08:00/20:00 / 10:00/22:00).
 - a. They can quickly check the status of the team by phone/quartix
 - i. Team just arrived at the referring hospital
 - ii. Team stabilising patient/preparing for transport
 - iii. Team about to depart referring hospital
- 2) In cases i and ii - SoNAR team member then rings Bristol Ambulance (BAEMS) / First Care to ask them to initiate a team swap.
- 3) In case iii, a team swap may still be appropriate depending on the destination of the patient, and a suitable location will be discussed between the two clinical teams and the BAEMS / First Care team.
- 4) Location of team swap discussed and confirmed. The BAEMS / First Care driving and control team will have useful experience and knowledge of the routes, and possible exchange points. The actual place will depend on:
 - a. Readiness of team to leave
 - b. Location of team and destination of patient
- 5) Once team swap confirmed, relieving team needs to discuss with the primary team any additional resources which might be required. This can include medications, replacement of disposables, additional equipment, and additional personnel.
- 6) Relieving team update primary team when they depart St Michael's / Derriford, confirming anticipated time of arrival and location of team swap.

Handover

- Patient - full handover of patient, paperwork, prescriptions/drugs/infusions/gases rates and doses.
- SoNAR – use the aide memoire in the resource folder.

Documentation

- The secondary team should undertake a 'first look' assessment to re-establish the clinical plan and outstanding tasks required.
- The secondary team should use an additional transport record to include all the necessary checklists, timings, discussions, and personnel involved in the transfer.

Considerations

South / North 'check-ins' are an important way for the service maintain awareness of whether a team swap may be required. These check-ins should take place towards the end of the shift so that any information and possible planning can be shared.

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Team Swap Flow chart and checklists

New shift team arrived on shift and SoNAR team not in office

Call the SoNAR mobile phone to establish whereabouts of team and situation.

Are the SoNAR team on their way to base or in a position to leave referring unit by 08:00/20:00 or 10:00 / 22:00 if bringing patient to St Michaels / Derriford

Yes

No

New shift team to stay at base and await return of team. Responsibility of team that are out to call office if change of condition and unable to depart by 08:00/20:00.

New team to commence team swap and take the following details from

Planning

- Which team members are required? Is top cover consultant already out/needed?

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.....

- Is any other equipment/medication needed? More disposables needed?

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.....

- Where will team swap take place?

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Team Swap Pre-departure Checks

Call BA / First Care and order vehicle / RRV

☐

Additional equipment / medication if required

☐

Paperwork pack (blank set)

☐

Complete routine pre-departure checks

☐

Times

Time call to BA/Firstcare

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Time Departed Base

.....

Time SoNAR handover

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SoNAR Team Swap Handover sheet

Are any immediate interventions needed to stabilise patient? If so complete and then re-group.

SONAR Handover

Ensure all members present

Avoid fragmented handovers - identify team lead.

Team Status

Who is on shift? New team/ current team

Who is top cover? Are they aware of job if not present?

Any welfare or fatigue issues?

Units & Workload

Any units restricted, closed or infection control concerns

Pending jobs

Equipment and Meetings

Anything urgent in equipment diary or equipment issues during this job

Handover mobile phones

Ambulance and Weather

Any vehicle availability or driver issues?

Any adverse weather or traffic expected?

Patient Handover

Ensure all (arriving and current) team present when possible ☐

Full Medical/Nursing handover by current SoNAR team to on-coming SoNAR Team

☐

Nurses to check infusion rates and prescriptions together and sign ☐

One member of each team to check CDs ☐ signed&

Kit check (pouches all present, any items need restocking, set-up guides, resource file etc) ☐

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Related documents	<p>SoNAR: Triage</p> <p>SoNAR: Clinical handovers</p> <p>SoNAR: Team debrief</p> <p>SoNAR: Welfare and Fatigue: avoiding and mitigating over-runs</p> <p>Garrett, C. 2008. <i>The Effect of Nurse Staffing Patterns on Medical Errors and Nurse Burnout</i>. AORN Journal, 87(6) June.</p> <p>Department for Transport 2011. <i>Fatigue and Road Safety: A Critical Analysis of Recent Evidence</i>. Road Safety Web Publication No.21.</p>
Safety	
Queries	<p>P Turton, SoNAR Lead Nurse</p> <p>J Tooley, SoNAR Lead Consultant</p>