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REDUCING THE RISKS ASSOCIATED WITH OUT OF HOURS ANAESTHESIA

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Introduction & Aims

Out of hours (OOH) work is a key part of our role as anaesthetists. That being said, it is widely accepted that working in this way carries additional risks to both staff and patients [1,2].

Out of Hours Activity (Anaesthesia) is a collaborative guideline by the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain & Ireland. It looks at the definition of OOH working, the risks, and contains guidance for what we should and should not be doing in this time of increased risk.

Our aim was to show whether or not at Royal Manchester Children's Hospital (RMCH) we are adhering to this guideline.

Methods

We analysed 12 months of data from our emergency operating theatre. Per the joint position statement, we considered OOH to be between 21:00 and 08:00.

Our department uses an electronic theatre booking system. As well as expected patient demographics and the name of planned operation, it requires that the urgency of the case is defined. The time booked, time of start of procedure, and finish time are also captured.

We considered any procedure booked as to be done within 12 hours, 24 hours or no time requirement as cases that should not have been carried out OOH (the booking system requires these timeframes to be entered).

At RMCH we have guidance for which cases trainees should have a consultant present. This is known as the "3,2,1 rule" and is defined as: patients with an ASA score of 3 or worse, a planned operating time of 2 hours or more, and 1 year of age or younger.

Results

Between the 1st September 2018 and the 31st August 2019 we carried out 2261 cases in our emergency theatre.

Of the 2261 cases, 1052 (46.5%) met "3,2,1" criteria and were deemed to be consultant level cases.

112 (4.5%) were carried out inappropriately OOH according to the joint position statement. Additionally, an abnormally high number of Immediate cases were carried between midnight and 8am.

Discussion & Conclusion

On average we unnecessarily carried out more than two procedures OOH per week. Additionally the data leads us to suspect that between midnight and 08:00 some cases are being mislabelled as the most urgent category, perhaps to evade rejection.

We have shown that we violate guidance and do unnecessary work OOH. Published evidence tells us that this is less safe, that we get less sleep when we are working OOH [2], and the degree to which OOH work is less safe is contingent on how long we have been awake [1].

Going forward we are considering out of hours consultant to consultant referral, and adding restrictions to the electronic booking form.

References:

1. Association of Anaesthetists of Great Britain and Ireland and Royal College of Anaesthetists. Out of Hours Activity (Anaesthesia). 2014. Available from https://anaesthetists.org/Home/Resources-publications/Guidelines/Out-of-hours-activity. (accessed 20th January 2020).

2. Association of Anaesthetists of Great Britain and Ireland. Fatigue and Anaesthetists. 2014. Available from https://anaesthetists.org/Home/Resources-publications/Guidelines/Fatigue-and-Anaesthetists. (accessed 21st January 2020).