

# Enhancing Consultant Anaesthetic On-Call Efficiency: A Quality Improvement Initiative

Dr Richard Morse, Consultant Anaesthetist  
 Dr John Dyer, Consultant Anaesthetist and Clinical Director  
 Whole Consultant body of APPM Directorate, RWH NHS Trust



## Background

At New Cross Hospital, we provide 24/7/365 general anaesthetic consultant cover, with one consultant on-call for a 24-hour period. With the increasing intensity and complexity of cases, concerns were raised about the sustainability of the on-call workload. However, opinions varied. We employed quality improvement (QI) tools to:

- Understand the actual workload
- Create a foundation for change
- Develop improvement strategies
- Measure and demonstrate improvements

## Understanding our reality: “Is there really a problem?”

We measured, and found that within a 24-hour period, the on-call anaesthetic consultant was in attendance:

- 16 hours** or more **50%** of days
- 20 hours** or more **16%** of days
- 24 hours** or more **4%** of days

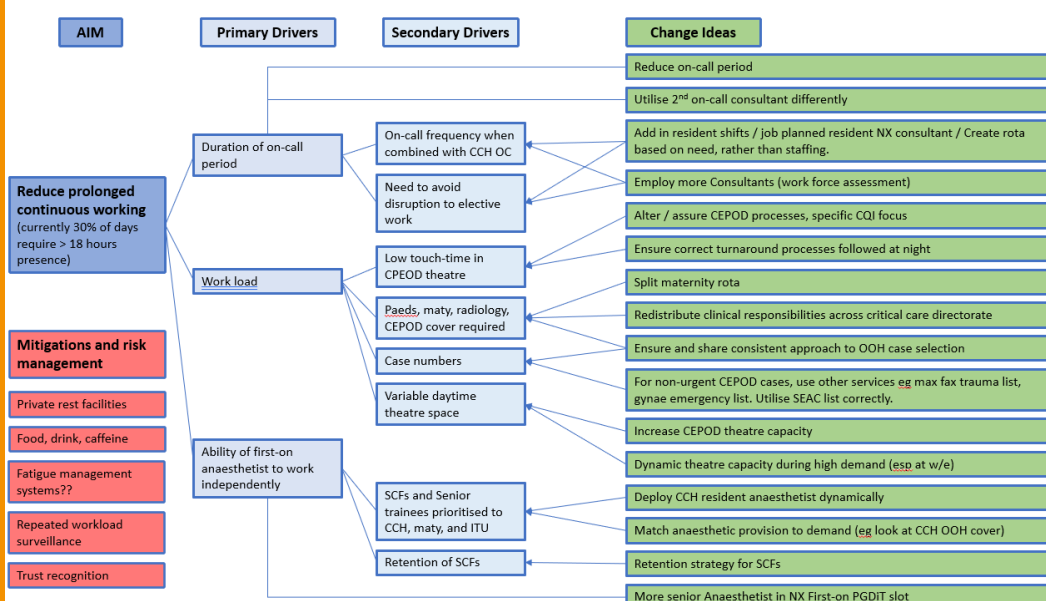
## Create conditions for change: “Why now?”

To drive change, we established a sense of urgency by:

- Presenting robust data highlighting the issue
- Engagement with leaders
- Engaging & involving colleagues in generating solutions
- Recognising risk via the risk register

## Options for Improvement, “What can we try?”

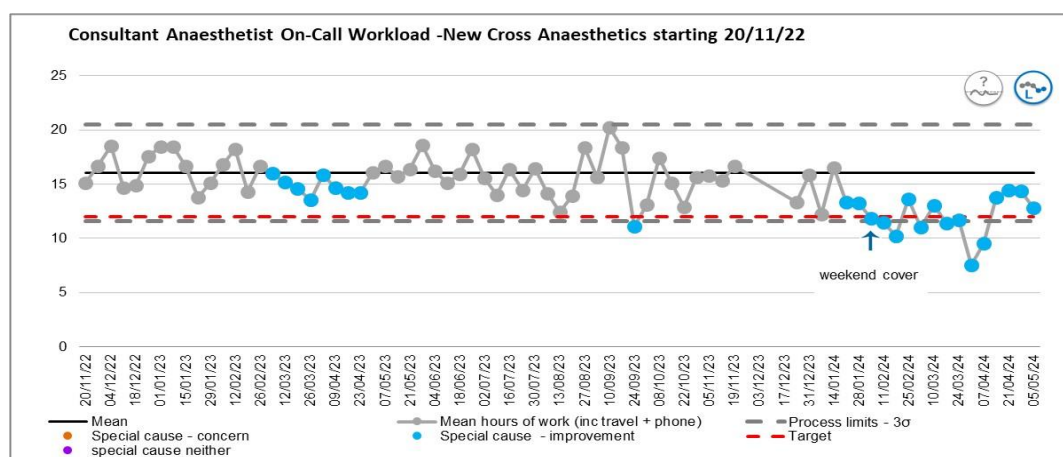
Stakeholder engagement led to an understanding of workload drivers, and a large number of change ideas, captured in this driver diagram.



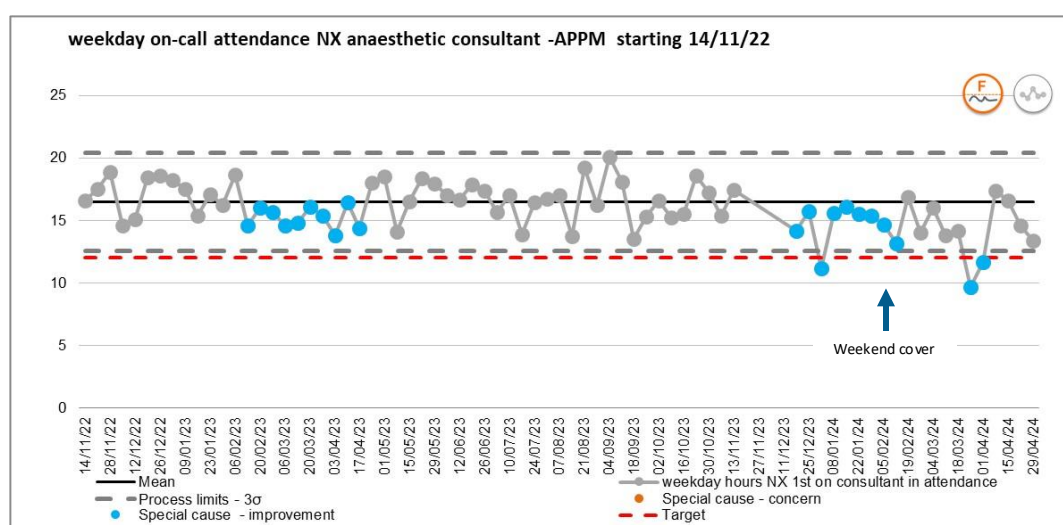
## Demonstrate Improvement

We systematically collected workload data to assess the impact of our changes.

**First Change Implemented:** by adding specific consultant cover for emergency theatres during weekends, *targeting the area with the highest workload impact*. This resulted in significant reduction in mean on-call attendance from **16.1 to 11.8 hours across the 7-day week**:



**Does this tell the whole story?** We noted a drop in workload at a similar time last year, so looked specifically at weekdays - in theory not impacted by our change. We did see a repeat of last years drop in workload, but not correlating with our change. This confirmed that our intervention was the primary driver of the improvement in mean workload, not some other factor.



## Summary

This poster outlines our structured approach to addressing the anaesthetic on-call workload issue. The journey involved complex and time consuming efforts, highlighting the importance of persistence and comprehensive analysis in quality improvement. We learned valuable lessons about the normalcy of such challenges in driving change. We remain committed to monitoring workload data to ensure sustained improvement and to demonstrate to our colleagues that their contributions make a significant impact.

**Working in partnership**  
 The Royal Wolverhampton NHS Trust  
 Walsall Healthcare NHS Trust