

A decorative vertical bar on the left side of the page, consisting of a long dark blue segment and a shorter light blue segment at the bottom.

JUNE 22, 2015

KELLY DANO

INTP 3347

SUPERVISOR: MATTHEW POMEROY

WHITTINGTON HOSPITAL

WORD COUNT: 1504

Medical care has been provided at the Whittington location since 1473 (“About Us,” n.d.). The hospital was established to service lepers and in 1848, another hospital was built to care for patients with smallpox on the St. Mary’s Whittington location. By 1877 there were three hospitals in separate locations. These locations were Whittington, Archway, and St. Mary’s. The three hospitals joined in 1946; and between all three, they had 2,000 beds. Today the hospital is on the St. Mary’s site and has 360 beds. The Whittington Hospital is part of Whittington Health which is under the jurisdiction of the National Health Service (NHS) in the United Kingdom. Whittington Health provides services to 500,000 people in the London boroughs of Haringey and Islington. The organization is a merger of The Whittington Hospital NHS Trust with NHS Islington and NHS Haringey that occurred in April 2011 (“About Us,” n.d.). The hospital’s motto is “Helping local people live longer, healthier lives” (“Our Clinical Strategy: 2015-2020,” 2015). They strive to recognize all the determinants of health by working with local partners in order to prevent illness. Their mission is to provide safe individualized care to every patient (“Our Clinical Strategy: 2015-2020,” 2015).

From my experience, I would say that The Whittington Hospital is overburdened. In the weeks that I have been at The Whittington Hospital, working in the accident & emergency department, I have witnessed how abused the NHS is in the United Kingdom. Patients will come to The Whittington Hospital instead of trying to first see their general practitioner. It puts a large strain on the system because of increasing attendance numbers. Additionally, the hospital is understaffed and is in the process of recruiting nurses. In the meantime, the new rapid assessment area (triage unit) is unable to function as intended because of the lack of personnel and the emergency room is struggling to keep queues to a minimum.

Since The Whittington Hospital is part of the National Health Service, patients that come into the hospital, believe that the services provided there are free. Starting at the hospital, I too underestimated that the cost of the health service. Eight percent of the United Kingdom’s GDP is invested into the health service (“How the NHS is funded,” 2015). The National Health Service is funded through general taxation and National Insurance contributions. Some of the National Health Service’s budget is recuperated by charging individuals a small amount of money for optical care, prescriptions, and dental care (“How the NHS is funded,” 2015). Of course this system is much less expensive than the United States’ system, but I have witnessed much waste because of the label “free.” Unnecessary visits to the accident & emergency are only one example of waste. Another would be staff members and patients throwing non-medical waste into the wrong designated trash bins. I have witnessed this many times, but when the cost of throwing away medical Biohazardous waste is hidden, throwing away paper towels in the wrong bin does not seem like that large of a concern. In reality, biohazardous waste is thirteen times more expensive to dispose of than general waste (Yeshnowsk, n.d.).

Navigating my internship has been a struggle for me because I was not given a clear direction when I started. I was given a general idea of what I was to be doing, but do not see my supervisor often. Of course every system, especially a hospital, is hierarchical (Sweitzer & King, 2013). My supervisor is a matron, meaning that he is responsible for the nurses in the emergency department, is involved in the recruiting process, and has many meetings to attend.

This has left me many times with nothing to accomplish and I have to find something for myself to do. Often, I just ask a nurse, doctor, or department if I can observe. Through my observations, I have learned a great deal about the hierarchical system that the hospital is based on. There are many levels of nurses that answer to higher administrative staff members and work alongside doctors and healthcare assistants. The hospital is highly dependent on this system because there is a chain of command and everyone is aware of each other's responsibilities. If a direct supervisor does not know the answer to a question or is unclear on a procedure, usually, the supervisor above a staff member's direct command can answer their questions.

To keep this line of command strong, there needs to be a level of communication between all levels of staff within the accident & emergency department because there are six different units that make up the department. These units include the emergency department (ED), urgent care center (UCC), critical decision unit (CDU), resuscitation room, rapid assessment area, and the pediatrics unit. One of the main miscommunications in the accident & emergency department can be classified as "confusing process with outcome" (Robbins, 2009). The rapid assessment area at The Whittington Hospital has been open for about a year now and has been failing in the eyes of almost everyone in the department. This is caused by the staffing problem and the lack of education on the way the area is supposed to run. When the area was created, it was promised to improve the queue to see a doctor by decreasing the amount of time that the patient is in actual contact with the doctor. Nurses take vitals and medical history to speed up the overall assessment process. Since the area is failing, many people are interpreting this as a lost cause and not a system with a few bugs to work out. The area is a very new concept for everyone and people are frustrated that it isn't working right off the bat. I believe with a few adjustments that the area can work as intended. Hiring more staff is a large part of the solution.

Since the area is controversial for most of the staff that have worked in the area, I was responsible for working with the hospital safety manager to finalize a survey that was sent out to all of the staff in the accident & emergency department. This survey is meant to be representative of the staff's thoughts that will be used to pin-point the source of the problem(s) in the rapid assessment area's procedures. This survey puts up a line of communication up between the administration and the employees which will hopefully result in adjustments to the rapid assessment area. These adjustments will affect both staff and patients.

There also needs to be strong communication between staff members and patients. At The Whittington Hospital, there has been complaints of lack of communication between staff members and patients while being treated in the hospital. I was put in charge of creating an audit to rate the level of communication between these two parties. This audit can be found in Appendix I.

My personal team role, according to Belbin, is a Completer-Finisher. As a Completer-Finisher, I like to set goals for myself and have a difficult time relinquishing control of projects that I am working on. This makes me well suited to my internship because I am working alone most of the day. I complete hand hygiene audits a couple times a week. These audits require me to observe staff members in the UCC, ED, and pediatrics unit. Each audit takes me about three hours to complete and I watch if staff members wash their hands before and after they come into

contact with patients or patient surroundings. Since I am detail oriented and need to have a high degree of accuracy regarding these audits, my working style has aided me while doing these audits. They are not considered to be the most interesting job, but they are important to the hospital because they need to meet safety standards or they can be shut down. While creating the staff-patient audit, I was also required to observe many of the departments and form questions that were related to the patient experience. This required me to pay attention to the smaller details of interactions between staff and patients.

I personally do not feel as if The Whittington Hospital has used me appropriately. I think that I could have done a lot more and would have enjoyed doing much more for them. I learned a lot from observing the doctors and nurses in the different departments, but I was often times passed between staff members or left to my own devices. When I was creating the staff-patient audit form, I considered there to be reasonably good communication between my supervisor and myself. We have met once face-to-face to discuss the form and I am assuming we will meet again before I actually start auditing. The main problem for me throughout this process has been the lack of my supervisor's presence while I am at the hospital. It has been extremely difficult for me to go to my internship every week not knowing what will be expected of me on any given day.

## References

- About Us. (n.d.). Retrieved June 18, 2015, from <https://www.whittington.nhs.uk/default.asp?c=3920>
- How the NHS is funded. (2015, January 29). Retrieved June 18, 2015, from <http://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/how-nhs-funded>
- Our Clinical Strategy: 2015-2020. (2015). Retrieved June 18, 2015, from [file:///C:/Users/changeme/Downloads/Clinical Strategy 2015 \(1\).pdf](file:///C:/Users/changeme/Downloads/Clinical%20Strategy%202015%20(1).pdf)
- Robbins, S. (2009, March 31). Seven Communication Mistakes Managers Make - Harvard Business Review. Retrieved June 18, 2015, from <https://hbr.org/product/seven-communication-mistakes-managers-make/an/U0902C-PDF-ENG>
- Sweitzer, H., & King, M. (2014). Navigating the Internship Site. In *The Successful Internship* (4th ed.). Belmont, California: Brooks/Cole.
- Yeshnowski, M. (n.d.). Minimizing Regulated Medical Waste. Retrieved June 18, 2015, from [http://wsppn.org/pdf/hospital/04\\_2%20Minimizing%20RMW\\_AZ.pdf](http://wsppn.org/pdf/hospital/04_2%20Minimizing%20RMW_AZ.pdf)

Whittington Health: Staff-Patient Communication Audit

Date: 

D	D	M	M	Y	Y
---	---	---	---	---	---

 Auditor: 

--

Department:		Prof.cat:			Prof.cat:			Prof.cat:		
		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
	1. Was the name of the nurse in charge written within the room?									
	2. Did the member of staff knock or ask to enter the patient's space?									
	3. If the patient arrived via ambulance and the patient was able, did the staff member engage the patient during the hand-over?									
	4. Did the member of staff introduce themselves by name?									
	5. Did the member of staff relay their position in the hospital (e.g. doctor, nurse, ENP) to the patient?									
	6. Did the member of staff let the patient talk without interruption?									
	7. Was the patient treated with privacy and discretion (i.e. was the curtain or door completely closed?)									
	8. Did the member of staff explain what they were doing before proceeding with any/all tasks?									
	9. Was the patient told when they would be discharged or when they would receive their discharge letter?									
	10. If transferred, was the patient informed where they were being transferred to?									
	11. Was the patient informed of what to do if their condition becomes worse?									
	12. Was the patient informed that their records would be transferred to their general practitioner?									
	13. If a patient was given either a 'Friends and Family Test' or a 'Rethink Your Drink' test, was it explained to the patient?									
	14. Was their clear face to face interaction between the patient and clinician when ambulance handover occurred?									

Comments: 

--