

Management scenario 2

Timetable

It is now 0830 on Monday 8th January. You are the duty consultant for the day in the Emergency Department of an inner city teaching hospital. Your department is staffed as follows.

Staffing

Consultants	6 WTE's
Middle Grades	10
SHO's/F2's	12

900-1100	Meeting with Chief Executive re: targets
1100-1200	Personal administration
1200-1300	Weekly journal club, consultants and middle grades
1300-1700	Duty consultant, shop floor
1700 onwards	On call from home

Your secretary comes in and says that the F2 on the early shift has a problem in resus with a patient on whom a suspicious package has been found. Could you please go and give advice.

The patient is an unknown male. He has a package containing 2 small tabs of paper, which was found when he was GCS 5, and now he has recovered he is asking for them back. One of the nurses says that they look like ecstasy.

Memo

From: Clinical Director Orthopaedics

To: Clinical Director Emergency Department

Ref: Paediatric Orthopaedics

Date: Friday 5th January

Message;

Due to clinical governance issues, it has been decided at our Orthopaedic Directorate meeting that we are no longer able to support any paediatric orthopaedic surgery with immediate effect. All orthopaedic injuries requiring surgery or sedation for manipulation are to be referred to the Children's Hospital directly. All fracture clinic follow up will continue as normal for the time being.

Memo

From: F2 A&E

To: CD A&E

Ref: Nights

Dear Dr

I am afraid I shall be unable to do my set of nights this week as my mother is unwell and I have to look after my aged father, who requires a full time carer. She has another exacerbation of her COPD.

Yours truly,

Madge

Memo

From: ED secretary

To: CD ED

Ref: change in thrombolysis policy

The CD of cardiology rang to say they would like to meet to discuss their plan to set up a primary angioplasty service, inline with the latest evidence. This is to run initially during normal working hours. Would you like to meet him?

Private and confidential

From: Steve Dalton, Occupational Health

Dear Dr Smith,

It has come to my attention that one of your consultant colleagues Dr ***** is possibly unfit to continue work. She has come to see me on a number of occasions with various stress related conditions, and on questioning states there are a number of home and work issues with which she is not coping. Her marriage is not a happy one, and with her husbands current unemployment she has financial problems. As a part timer she struggles to keep clinically current, and has confidence issues.

Whilst I have not told her directly that I am writing to you, I think it's in her best interest that you know.

Yours truly,

Steve

The Limes, Burnish Road, Stockport

I write to register my disgust at the clientele in your department. I had the misfortune to require your services last Saturday night, when I slipped on ice after my bridge club, and sustained a vicious sprain to my right wrist. As a keen horticulturalist I find this a dammed inconvenience, but that is by the by.

On my arrival there was a young man who was evidently the worse for alcohol, and was swearing at anybody who caught his eye. In all my 76 years I have never been subject to such language, and would have been affronted enough with that episode, little knowing what was to come. Not only did he proceed to vomit on the floor (an obvious health and safety risk) but also he then urinated at the front door and then walked around the waiting room with his flies undone, his penis out shouting “who wants some of this then?”

A man in a yellow jacket, who was obviously not the police, eventually removed him from the premises. His took about 5 minutes, an inexcusably long time in my view. As the police were not involved, I assume no charges will be brought against him, and if this is the case I wish to know why. Members of the public who are unable to behave in a decent manner should not be allowed to use the system. I want to know what your Chief Executive is going to do about this, and await your reply.

Yours truly,

Dorothy Evans

MARKING SHEET

Drugs, 2 marks

DO NOT GIVE THEM BACK, this is dealing

Options are to bin in the sharps box, give to the police (which should be done if they are in pursuit), deny to the patient that you ever saw the package (not this scenario), tell them that it has been disposed of, send to pharmacy for disposal, ignore it if it has not been touched (not applicable in this case)

Paediatric orthopaedics 12 marks

Immediate actions

Not to be delegated.

Is this a bluff for funds by ortho dept?

Patient safety and service (who refers, seen before travel by ortho reg)

Needs immediate D/W CD orthopaedics, clinical governance dept,

medical director, divisional managers and directors

Information needs to be dissemination up and down chain of command

Speak to other hospital

Nurses for transfer

Medium to long-term actions

Arrange cover with other hospitals

Job specifications for internal cover

Increase nurse numbers

Patient expectations/information, action groups

Ensure other departments are not about to do the same

Any benefit for ED, e.g.

Any risk to ED, e.g. training withdrawn

F2 off nights, 6 marks

Immediate actions

Delegate secretary to either get locum or swap shifts to cover the nights

Try to speak to F2 ref timescale

D/W medical staffing about allowances for carer leave

Medium term actions

Is this recurrent, and will it interfere with training?

Has it been a problem in other trg posts, and do post grad know about it?

Can there be some social input to help?

Angioplasty, 4 marks

Agree time via secretaries

Evidence to be reviewed, which could be done at weekly journal club next week.

Mention to chief exec ref target meeting

Possibility of extra funding for chest pain assessment nurse

Review of savings ref thrombolysis drugs, audit required.

Occupational health, 12 marks

Patient safety has primacy

Confidentiality is vital

Need to communicate with the occy health Dr face-to-face ASAP, and thank him for his letter

Discuss with her for her perspective, fears, needs, etc. forum for bringing it up may be appraisal

Canvas views of senior colleagues (nursing and medical)

Have there been complaints against her

What can be done to help? Does she need to be off totally, or will being full time solve her problems?

What does the department need?

Are there any particular areas in which retraining or refresher courses may be useful?

Can her work be limited in the short term?

Does this need to go to the medical director?

SMART appraisal

Can she cope with her on-call commitment?

Complaint, 4 marks

This is formal and therefore needs to be referred to the complaints dept

Response from you to apologise

Need to look into it as indecent exposure has occurred

Has she reported it to the police?

Is there CCTV footage?

History from whoever was on nights (admin/nursing/medical/security)