

QI Project: COVID-19 Guidance for Junior Doctors

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Unlike the acute hospitals, the winter surge of covid-19 cases was not reflected in The Redwoods Centre, an inpatient psychiatry hospital in Shropshire. Between the months of July 2020 and February 2021, there had been no positive covid-19 cases amongst the patients admitted to the hospital. In February 2021, excess time was taken to determine **optimal medical management** and the measures needed to be put in place **to ensure the safety of the other elderly patients** on the ward who could be at greater risk of mortality if they were to contract the virus. It was also identified that Covid-19 guide for junior doctors in the Redwoods Centre had not been updated in the past 12 months (i.e. since March 2020).

The aim of this project was to **limit time wasted** in seeking advice from various sources and keeping the guide updated. This was crucial as Covid-19 management and protocols are constantly evolving as we learn more about the virus and as the country goes through different phases of the pandemic.

Fig 1: Root cause analysis

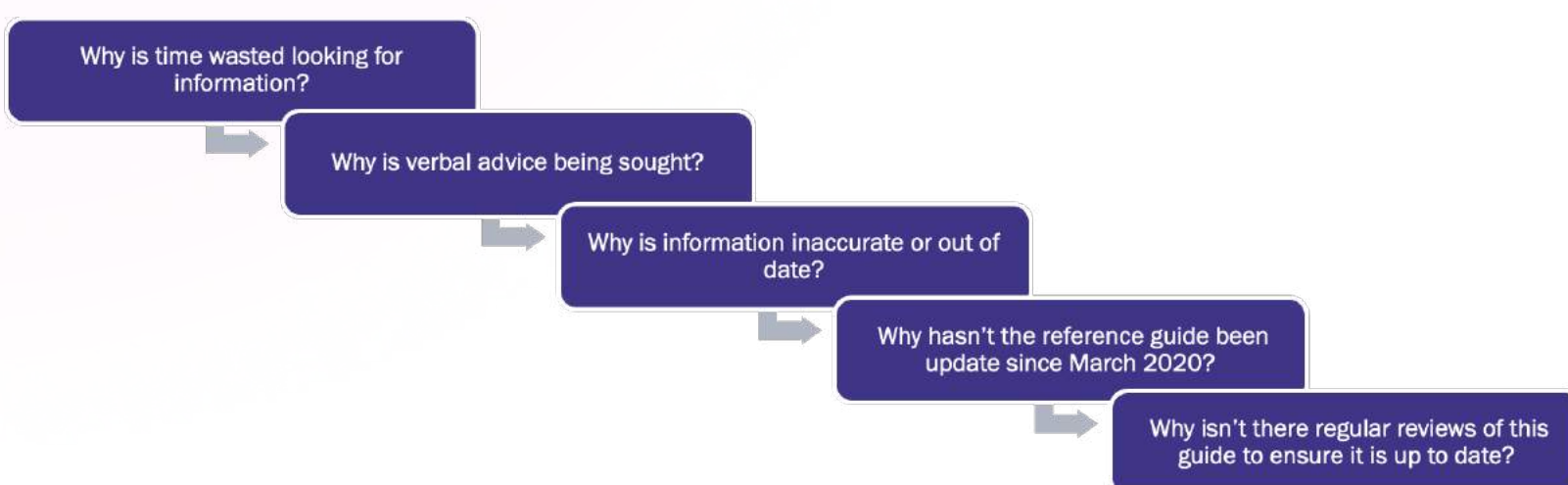


Fig.2: The 5 PDSA cycles undertaken in updating the covid-19 guide.



Methods

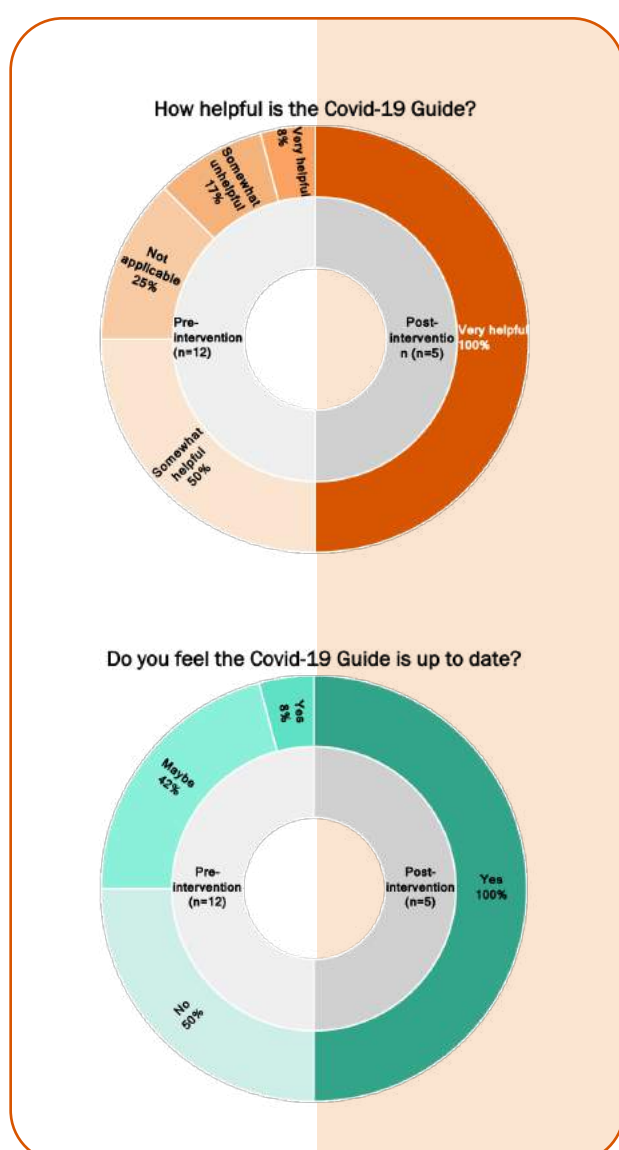
1. Root cause analysis showed that the underlying cause of the difficulties in managing a covid positive patient was the fact that the Covid-19 guide for junior doctors was **not being regularly reviewed** to ensure it is up to date.
2. The junior doctor cohort at the psychiatry hospital were surveyed to gain feedback regarding the current Covid-19 guide and for improvement suggestions.
3. 5 PDSA cycles were carried out by 1 junior doctor, which included personal covid ward experience, experience from the forensic team who had a covid positive palliative case, advice from **several colleagues in multi-disciplinary departments**, to ensure the updated version of the Covid-19 guide was comprehensive and up to date.
4. The junior doctor cohort were surveyed again to determine the quality and effectiveness of the new Covid-19 guide.

Results

1. Baseline data showed that **67%** of the junior doctor cohort found the guide only **“somewhat helpful” or “somewhat unhelpful”**.
2. During the first PDSA cycle, the guide was updated to show management options as per current national guidelines – e.g. steroids and VTE prophylaxis
3. The second cycle included end of life and post death verification care of a covid-19 positive patient.
4. As a result of the 5 PDSA cycles, a comprehensive guide for junior doctors was created, to be used in tackling all aspects of Covid-19, from screening to vaccine side effects, to managing deteriorating patients and management of patients at end of life.
5. Feedback showed **92%** of junior doctors find the new guide **“very helpful” and up to date**.

Discussion and Outcome

1. The issue of how to manage covid-19 positive cases brought about the unique situation where **the FY1s were more experienced and up to date** in managing such cases, having just rotated from their respiratory/acute medicine rotations.
2. The junior doctors who were already on the psychiatry training pathway felt less confident in managing covid-19 positive cases and are more likely to spend time seeking advice from colleagues/other resources.
3. The covid-19 guidance document that was already in place, should be regularly updated by those doctors who have recently worked in respiratory or acute medicine, allowing for timely **sharing of knowledge**.
4. It was agreed that the junior doctor rep will ensure regular review of the guidance document in order to continue the QI project which will assess and improve the effectiveness of the guide as we navigate through the different phases of the pandemic.



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