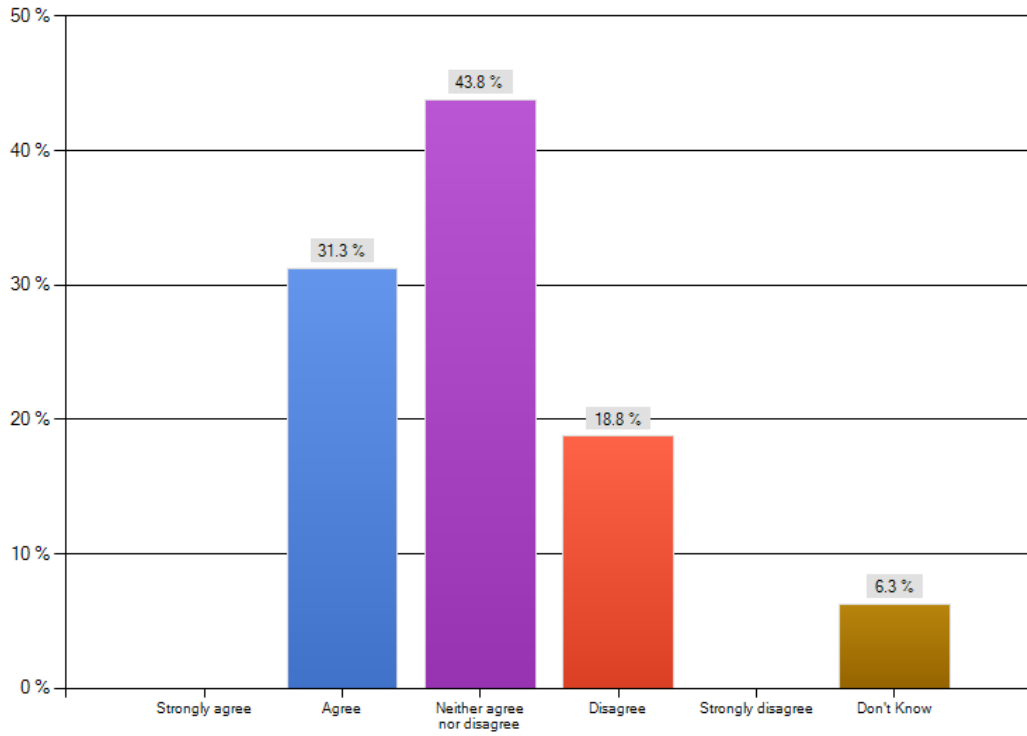


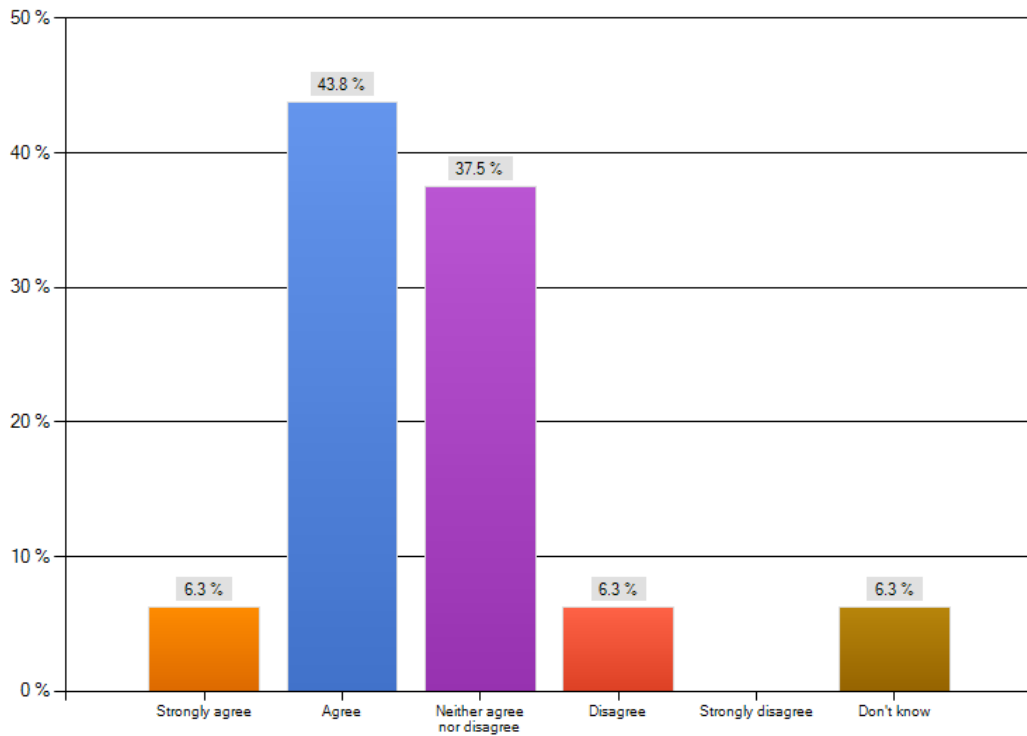
LAKES

This section summarises the results of Lakes DHB. *Indicates respondents could choose more than one option.

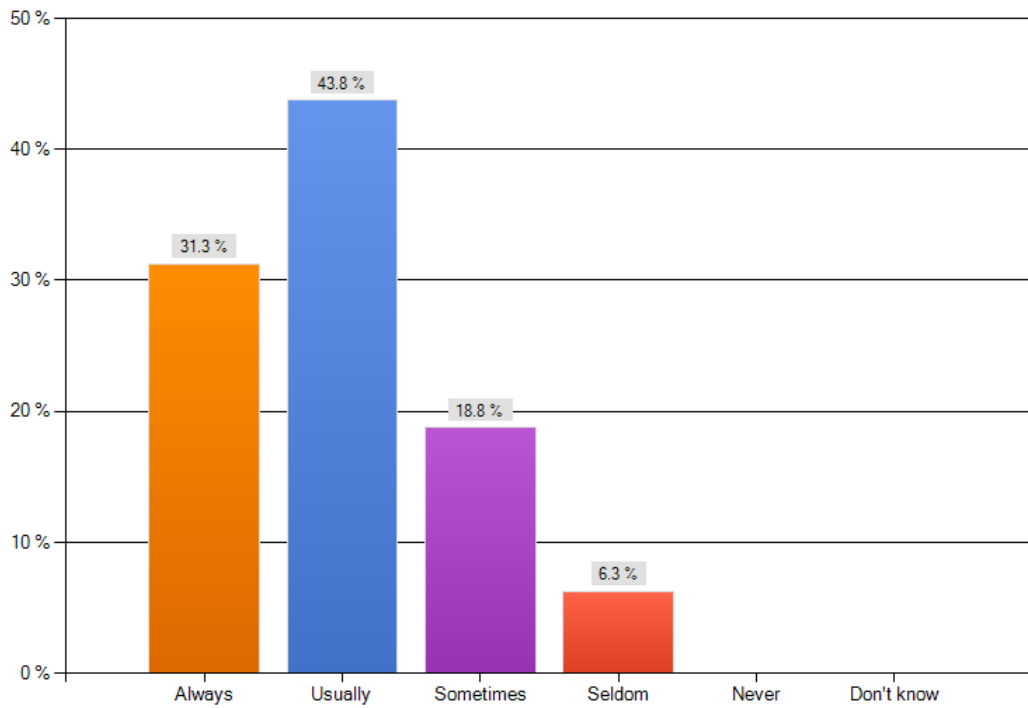
At our hospital House Officers are confident when they start nights.



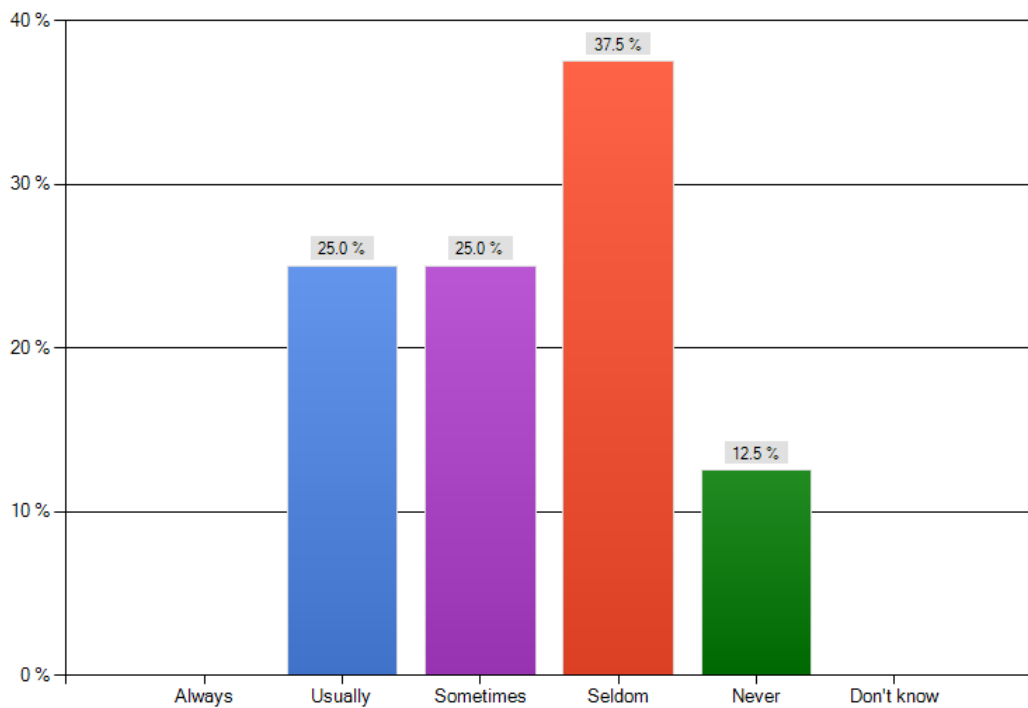
At our hospital House Officers are proficient when they start nights.



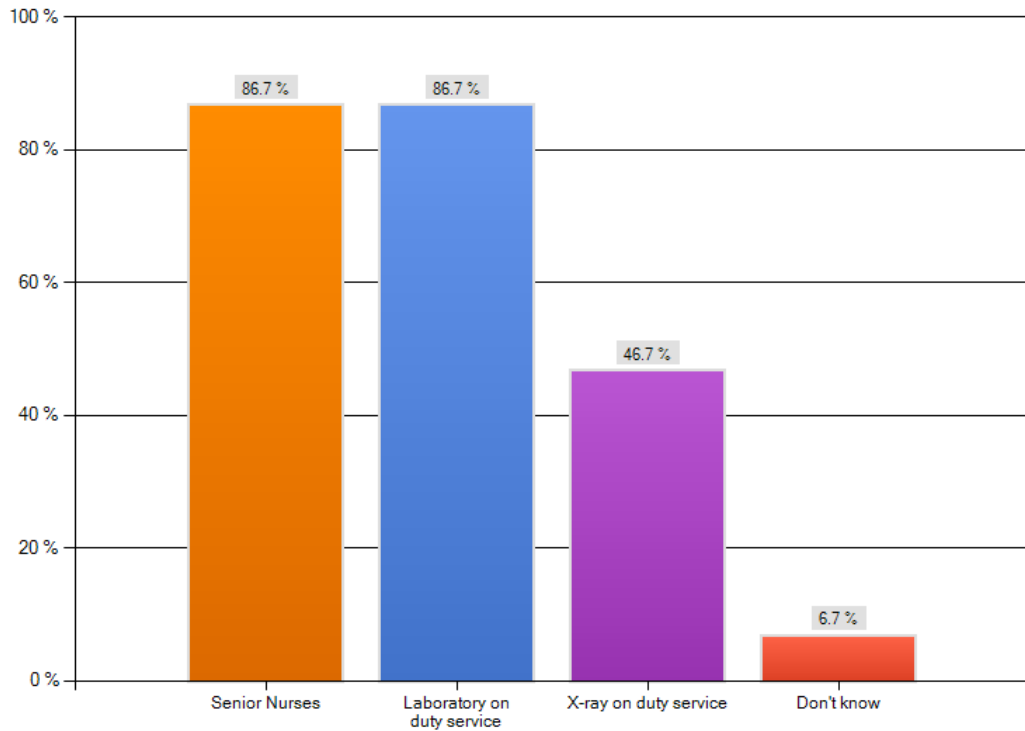
A medical registrar is available and able to provide direct supervision to house officers at night.



A surgical registrar is available and able to provide direct supervision to house officers when on nights.

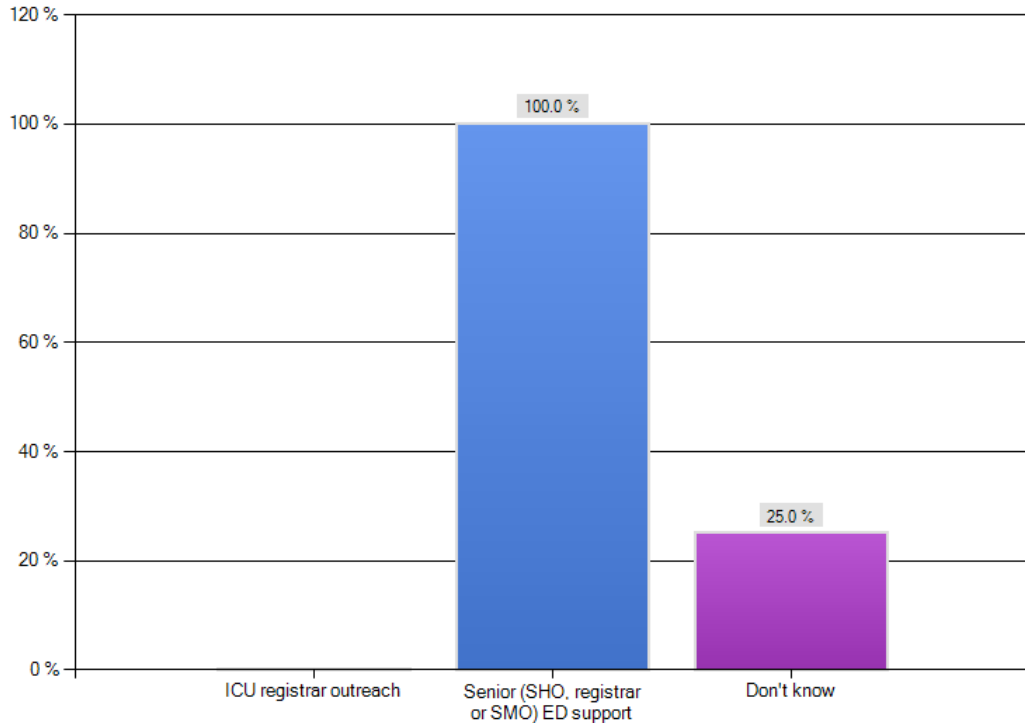


The following additional support staff are available on nights (tick where appropriate):-



1 *

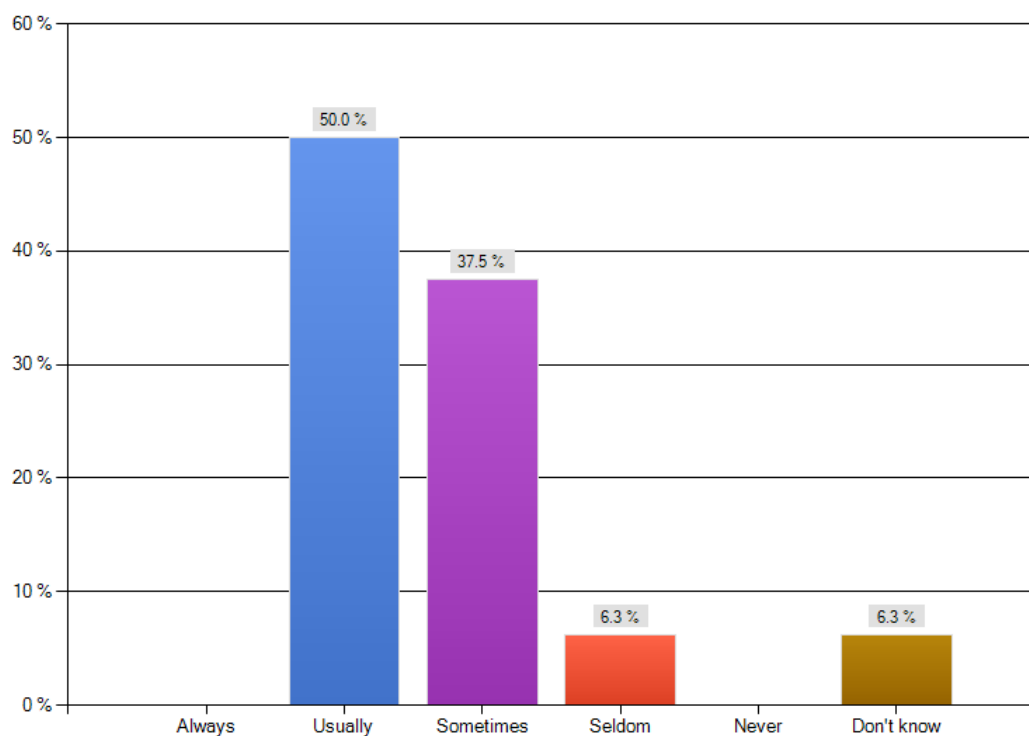
There is additional medical support at night from the following (tick where appropriate).



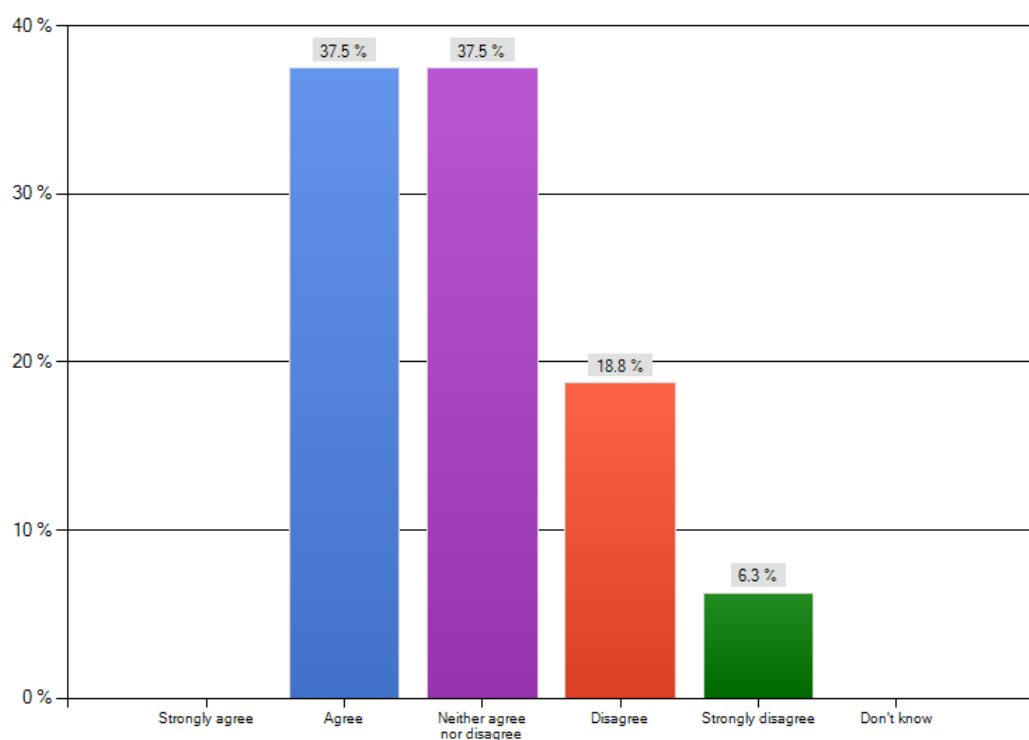
2 *

¹ Comments: "X-ray have to be called in and are often reluctant to come"; "Radiology on call have to be called in to hospital. Lab available"; "X-ray has to be called back in. The lab service remains on site. The quality of nursing staff varies greatly. Some nights there are senior nurses. Others are mainly staffed by junior less experienced nurses"; "Not sure what duty service is. A radiographer can be called in for emergencies"; "X-ray on call & often reluctant to come in when called".

When on nights RMOs are required to only do what needs to be done.

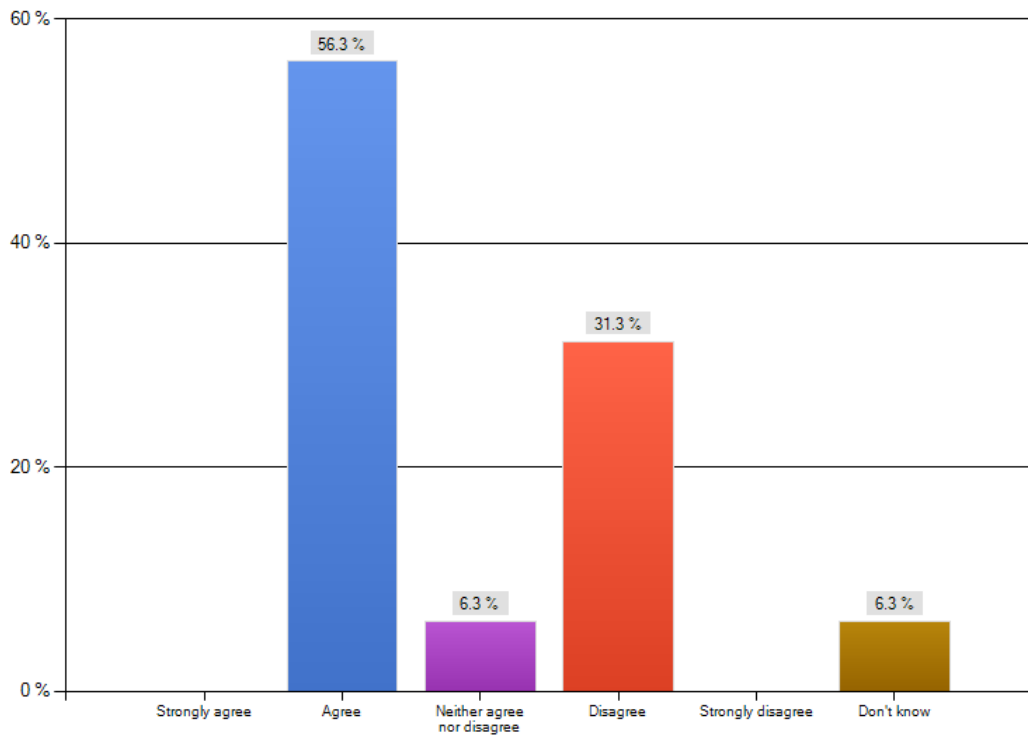


Overall medical staffing is at appropriate levels at night.

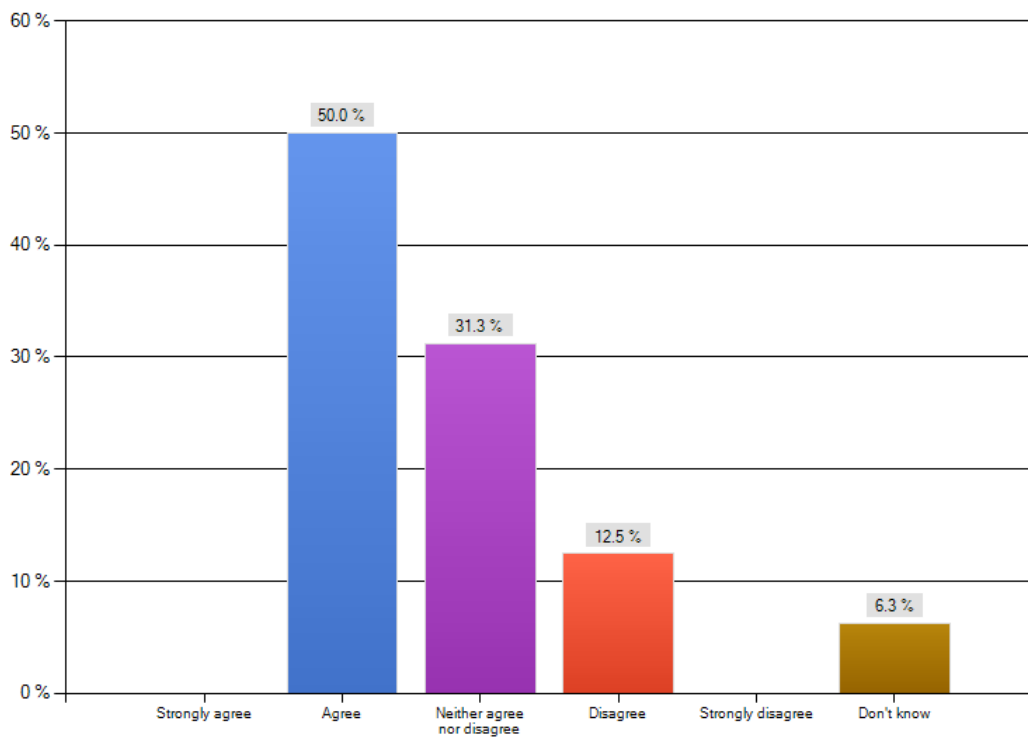


² Comments: "SHO in ED but unable to leave ED"; "There is no ICU registrar. There is an ED SO but they are not able to leave the ED and therefore provide no ward support for the house officer. They are the most senior ED Dr overnight. There is an on call anaesthetist available for emergencies"; "There is an ED SHO but they only do ED"; "ICU anaesthetist sometimes happy to be called".

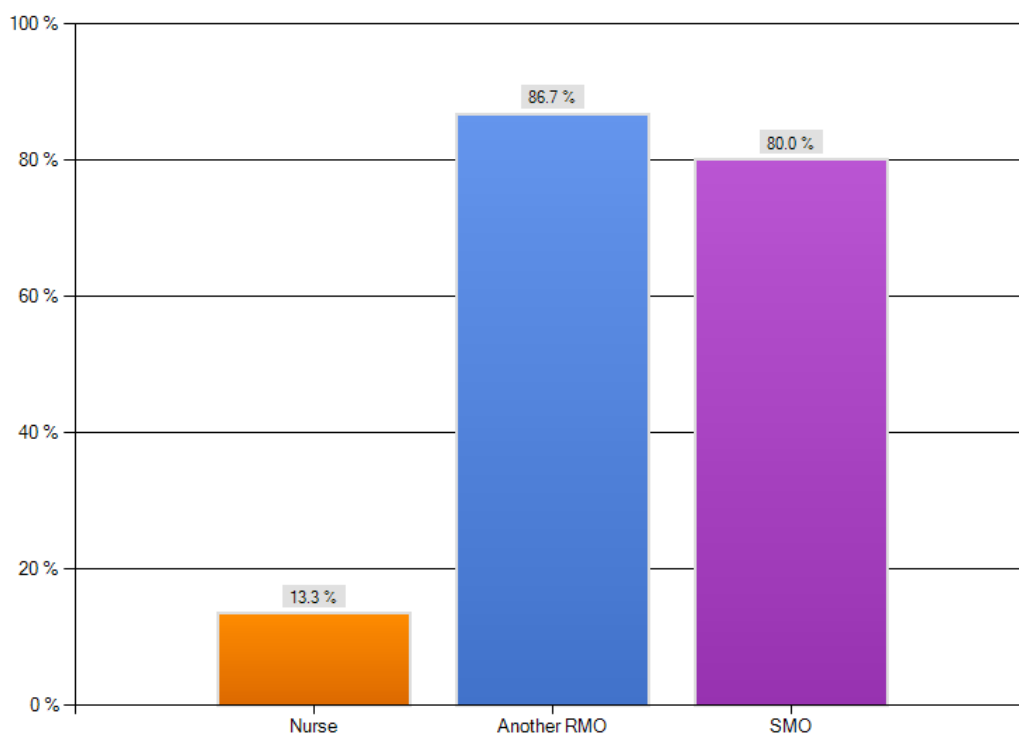
Handover is effective and supported.



There are well established escalation processes if house officers need help.

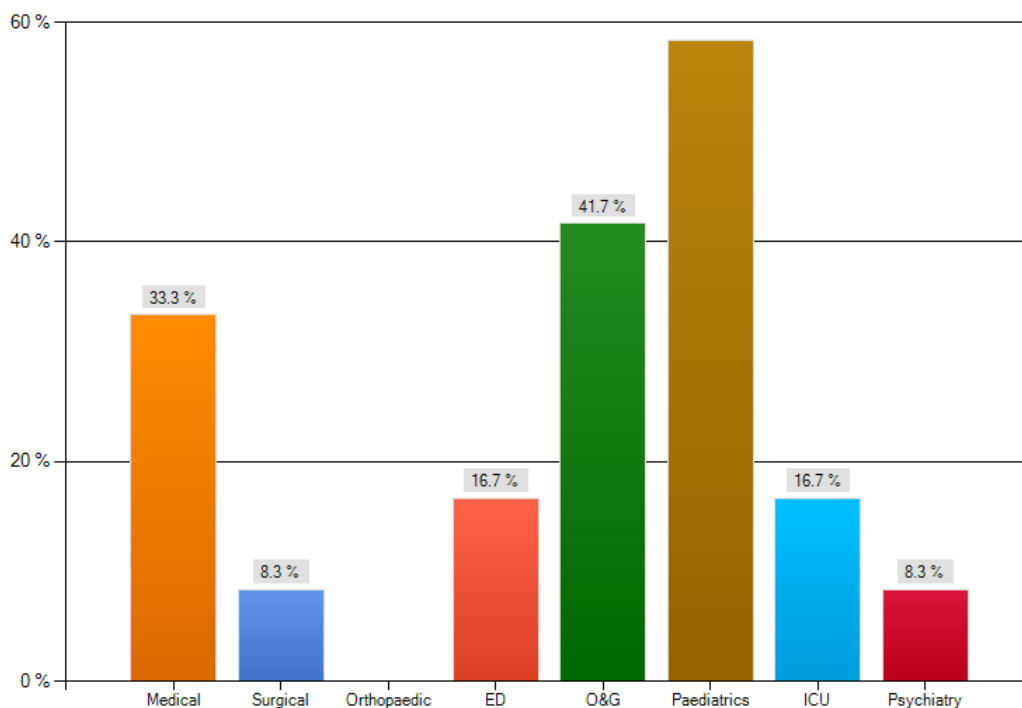


For support or assistance on nights do you call:-



3 *

If you answered "SMO" to the previous question please indicate below on which specialties are the SMOs approachable and responsive:

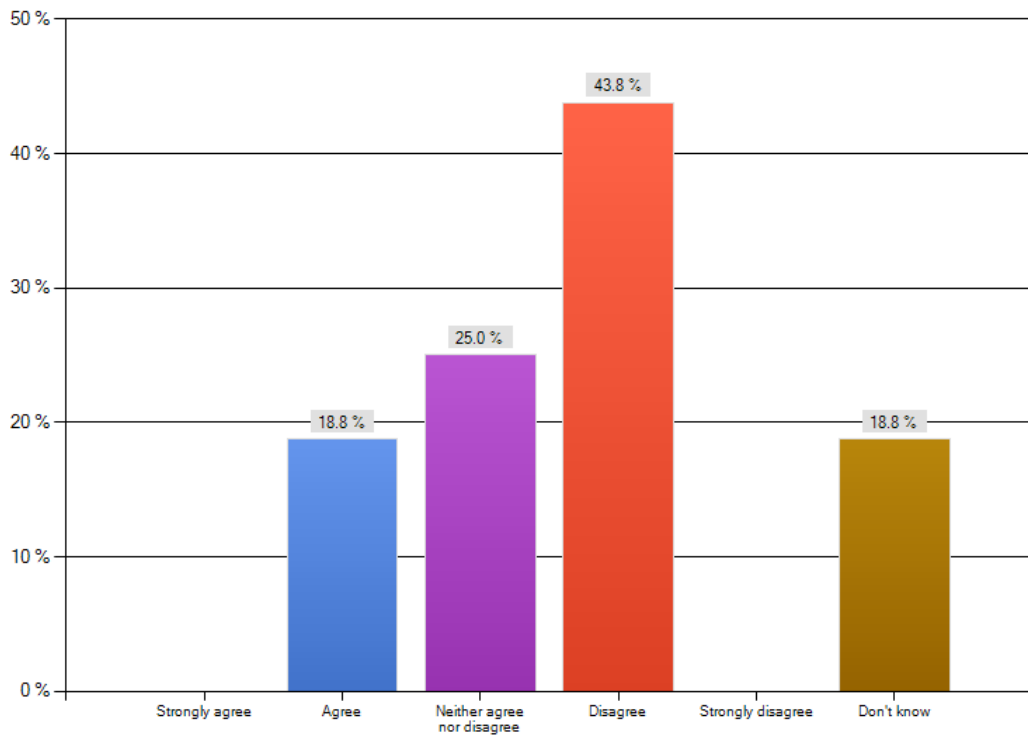


4 *

³ Comments: "The house officer calls the registrar on call, except for paed and O+G"; "Ortho/surgical registrar if ortho/surgical problem. No ED support for ED SHOs"; "Paeds/o&g = SMO, ED = nurse/other RMO on duty, med/surg = RMO".

⁴ Comments: "There is no ED SMO on call overnight which is shocking!!"

The house officers received adequate and appropriate orientation to nights.



Is there an assessment or audit process in place that monitors safety for RMOs and their patients on nights.

