Audit of doctors' knowledge of major incident policies

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ABSTRACT

INTRODUCTION The aim of this study was to audit doctors' knowledge of their hospital's major incident policy.

MATERIALS AND METHODS Pre- and post-intervention interviews were conducted with doctors selected at random in a central London teaching hospital on where to report to in a major incident. Doctors working in hospitals with accident and emergency departments within the M25 motorway were asked if they had read or received training on their hospital's major incident policy.

RESULTS Pre-intervention, 4.4% of doctors knew where to report to in a major incident. A 1-sided information sheet on the major incident policy was distributed to doctors and posted in areas frequented by doctors. Following this intervention, 78% of doctors knew where to report to in a major incident. Doctors in only 2 out of 38 hospitals with accident and emergency departments within the M25 corridor had read or received training on their major incident policy.

CONCLUSIONS More needs to be done by hospitals to ensure that doctors have a better awareness of their hospital major incident policy.

KEYWORDS

Medical audit – Disaster planning

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A major incident is any event whose impact cannot be handled within routine service arrangements.¹ Hospital major incident policies are designed so that hospitals are as prepared as possible to cope with any major incident, whether due to a natural disaster, an accident or a terrorist attack. The threat of a terrorist attack on the UK is now probably greater than at any time in its history and on a greater scale than previously seen. It is, therefore, more important than ever that hospitals are prepared for these incidents by having a comprehensive major incident policy that would run efficiently and effectively should it be implemented. For a major incident policy to be effective, it is essential that, once activated, the people that would be involved should have a thorough knowledge and understanding of the policy, particularly with regard to those areas of relevance to the individual concerned. We set out to audit the knowledge base of the major incident policy amongst doctors at the Royal Free Hospital, a central teaching hospital in North London with approximately 630 doctors. The audit was carried out between September and December 2004.

Materials and Methods

Ninety doctors working at the Royal Free Hospital were selected randomly and interviewed by one of the three

authors. The following scenario was presented:

You are on call for your specialty. You become aware that a conventional terrorist bomb has been detonated within the hospital catchment area with casualties in the hundreds. A major incident has been declared. Do you know where to report to in the hospital?

The standard that we set was that all doctors should be able to answer this question.

A one-sided, A4 information sheet (Appendix 1) with the key points of the major incident policy was then distributed to all doctors in the hospital by means of a mail shot, and also by putting up posters in different areas throughout the hospital which doctors were likely to frequent.

The same population of doctors in the hospital from which the pre-intervention group were chosen was then re-audited by asking the same question to doctors selected randomly.

The significance of the pre- and post-intervention results was tested using the chi-squared test.

To demonstrate whether the results from the first arm of the audit could be extrapolated to other hospitals in London, a single doctor in every hospital with an accident and emergency department in the Greater London area (within the M25 motorway) was asked if they had read or received any training in their hospital major incident policy.

Table 1 Pre-intervention results of interviews of doctors of different specialties and grades showing the ratio of doctors who knew where to report to in a major incident to the number of doctors interviewed

Specialty/grade	PRHO	SHO	SpR	Cons	Total
Anaesthetics		0/1	0/4	3/5	3/10
Biochemistry			1/1		1/1
ENT surgery	0/1	0/3	0/3	0/3	0/10
General medicine	0/8	0/6	0/9	0/2	0/25
General surgery	0/7	0/5	0/1		0/13
Haematology	0/1	0/1			0/2
Infectious diseases		0/1			0/1
Intensive care			0/1		0/1
Microbiology			0/1	0/1	0/2
Neurosurgery		0/1	0/1		0/2
Obstetrics & gynaecology		0/1	0/1		0/2
Ophthalmology		0/1			0/1
Orthopaedic surgery	0/3	0/1	0/5		0/9
Paediatrics		0/4	0/2		0/6
Plastic surgery		0/2		0/1	0/3
Psychiatry		0/1			0/1
Radiology				0/1	0/1
TOTAL	0/20	0/28	1/29	3/13	4/90 (4.4%)

PRHO, pre-registration house officer; SHO, senior house officer; SpR, specialist registrar; ENT, ear nose and throat; Cons, consultant.

Results

The first arm of the audit showed that only 4.4% of the 90 doctors interviewed correctly identified where to report in the event of a major incident (Table 1). In the second arm of the audit, after the distribution of the information sheets and posters on the major incident policy, 78% of the 86 doctors interviewed knew where to report in the event of a major incident (Table 2). The difference was statistically significant ($P < 0.001$) on chi-squared testing.

Of the 58 hospitals in the Greater London area with accident and emergency departments, only doctors in 2 hospitals said they had read or received training on their hospital major incident policy.

Discussion

Prior to this audit, the hospital major incident policy was available for doctors to read on the hospital computer network in a 63-page document with two appendices of 29

Table 2 Post intervention results of interviews of doctors of different specialties and grades showing the ratio of doctors who knew where to report to in a major incident to the number of doctors interviewed

Specialty/grade	PRHO	SHO	SpR	Cons	Total
Anaesthetics			4/4	8/8	12/12
ENT surgery	1/1	2/2	4/4	2/2	9/9
General medicine	6/8	6/7	9/10	1/1	22/26
General surgery	3/8	1/2	1/1		5/11
Haematology	0/1		1/1	0/1	1/3
Infectious diseases		0/1			0/1
Microbiology			0/1		0/1
Neurosurgery		1/1	2/2	1/1	4/4
Obstetrics & gynaecology		2/3			2/3
Orthopaedic surgery		2/3		3/3	5/6
Paediatrics		0/1	2/2		2/3
Plastic surgery		2/3	2/2	1/1	5/6
Psychiatry		0/1			0/1
TOTAL	12/21	14/21	28/30	13/14	67/86 (78%)

PRHO, pre-registration house officer; SHO, senior house officer; SpR, specialist registrar; ENT, ear nose and throat; Cons, consultant.

and 13 pages. This study has shown that this alone is not an adequate method of distributing important information to doctors and that hospitals need to be more pro-active in making sure that doctors know and understand the major incident policy. By distributing a condensed version of the policy with all the salient points on one piece of paper using various means of communication, we have significantly increased the understanding of doctors on what to do in the event of a major incident.

The pre- and post-intervention groups were both selected at random from the same population of approximately 650 doctors. While there were some doctors who were in both the pre- and post-intervention groups, doctors in the pre-intervention group were not told the answer to the question of where to report to in the event of a major incident but were told where the information was available.

Although we have failed to reach the 100% target that we set, we believe that we have achieved a considerable improvement in the knowledge of doctors in our hospital on the major incident policy. We believe that from this position a 100% result is obtainable. We suggest that this could be achieved by:

1. Giving all doctors starting work at the hospital a copy of our information sheet on the major incident policy.

2. Asking all doctors starting work at the hospital to undergo an induction course on their first day. This should include a talk on the major incident policy.
3. Regular assessment of doctors' knowledge on the major incident policy. Should the results fall short of the 100% target, extra initiatives should be undertaken and the doctors re-audited to ensure that this target is achieved.

We have only included doctors in this study but all groups of staff need to be scrutinised including nurses and non-clinical staff to ensure that they are also aware of their specific roles in such an event.

Our study also demonstrates that there may be similar problems in other hospitals in the London area.

Our audit was carried out well before the terrorist bombings in London on 7 July 2005. Although the major incident

policies in all hospitals involved appear to have worked very well, this should not stop improvements in the content and implementation of these policies so as to be as prepared as possible for any future incidents that may provide a bigger challenge to resources.

Conclusions

All hospitals in the NHS need to examine how they are educating their staff on their major incident policies and, if necessary, make changes to ensure that all staff know what to do in the event of a major incident.

Reference

1. Department of Health. *Planning for major incidents: the NHS guidance*. London: Department of Health.
<<http://www.dh.gov.uk/assetRoot/04/07/15/48/04071548.pdf>>.

Appendix 1

Major Incident Policy for Doctors

In the event of a major incident

- Do not call switch board unless absolutely necessary
- Carry hospital identification

On Call Specialist Registrars in

Medicine	Surgery	Anaesthetics
Orthopaedics	Radiology	Neurosurgery
Paediatrics	Gynaecology	Plastic Surgery
Psychiatry	Haematology	Chemical Pathology

Report to Orthopaedic Out-Patients Clinic, next to A&E

On Call Consultants in

Medicine	Surgery	Orthopaedics
Anaesthetics	Neurosurgery	Plastic Surgery
Haematology	Paediatrics	Transfusion Medicine
Psychiatry	Radiology	Chemical Pathology
Intensive Care	Gynaecology	

Report to Orthopaedic Out-Patients Clinic, next to A&E

- Senior anaesthetist on site:
Report to theatre reception
- All others in a position to help:
Report to Rowland Hill Street Entrance
- If the place where you are residing or the hospital are in a contaminated zone(nuclear, biological or chemical):
DO NOT travel to the hospital
- **DO NOT travel through a contaminated zone**

For further information, please read Major Incident Policy on hospital intranet