

Interruptions In Veterinary Emergency And Icu Settings: A Pilot Study

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Interruptions are prevalent in emergency (ER) and intensive care (ICU) settings, impacting patient care and staff well-being in human medicine¹⁻³. The frequency of unnecessary interruptions amongst ER and critical care (CC) veterinarians is currently unknown. An observational study was conducted at two independently operating private emergency and referral hospitals (H1 and H2). ER and CC veterinarians across different shifts voluntarily participated, using counters to log unnecessary interruptions defined as unexpected events causing a task break not urgent for patient safety. Data quality and shift busyness were rated 1 (lowest) to 3 (highest). Interruptions per shift (IPS) and per hour (IPH) were recorded for each hospital, shift type, time, and busyness, presented as a median (interquartile range).

Thirty-nine shifts (H1 17; H2 22) totalling 437.5 shift hours were observed. H1 experienced 24 (13–29) IPS, or 2.43 (1.10 – 2.98) IPH compared to 16 (11 – 20) IPS and 1.5 (0.92 – 1.91) IPH at H2. At both hospitals, CC experienced a higher IPS count (H1 35 (33 – 35); H2 20 (15.5 – 25.3)) than ER veterinarians (H1 15 (12.5 – 29); H2: 11 (10.5 – 14.5)). At H1, day shifts had a higher IPS count (15 (12.5 – 29)) than night shifts (13 (10.8–23.5)). Busyness rated '2' showed the highest IPS count (20 (13 – 26)), followed by '3' (19.5 (23.8 – 25.3)) then '1' (14 (10.8 – 33.8)).

Unnecessary interruptions are common amongst ER and CC veterinarians. Variations between H1 and H2 may reflect differences in protocols, hospital layout and staff roles, highlighting potential areas for optimisation.

References

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