



PATIENT CARE PATHWAY POLICY

Version 1.2

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1. **AIM:** The aim of this document is to outline the organizational structure of the HEM Ultrasound Services LTD patient care pathway.

2. **INTRODUCTION:** The patient care pathway outlines the processes and procedures utilised by the clinical and clerical staff of HEM Clinical Ultrasound Service LTD, in order to uphold the very best patient centred care, from referral to report. Whilst facilitating CQC, HSA, AQP, and HSCIC's Service specifications.

3. **ROLES AND RESPONSIBILITIES:** Ultimately it is the responsibility of the company Director/Clinical lead to ensure the patient care pathway created is followed by the staff, and that adequate training is organized and received so everyone is aware of their obligations to uphold it. After training and signed agreement to the procedure it is the responsibility of every staff member, or subcontractor to uphold the procedures of the HEM Clinical Ultrasound Service LTD patient care pathway in order to ensure service users' needs are met as well as the service specifications of the governing /regulatory and contractual bodies the company is required to comply with.

4. **EQUIPMENT** Ultrasound scanner's and equipment such as computers, are to be used by staff to the best of their ability to uphold the application of the patient care pathway structure.

5. **HAZARDS and SAFETY:** The proposed patient care pathway is in place to ensure the safety of the service users. Any lapses in the structure of the clinical care pathway, or poor/no training could have an adverse effect on the service users which could lead to a **'Never Event'**. Reasonable outcomes from incorrectly following the patient care pathway could be:
 - Patients are booked for the wrong scan and appointment.
 - Patients could be booked outside of the requested time if it is an URGENT request. And potentially urgent pathologies missed.
 - Patients could be told of incorrect results and personal information not applicable to that patient.
 - Secondary care providers taking the wrong course of action following incorrect patient information on reports and images.
 - Embarrassment to company and public reputation.
 - Legal action, in some instances if patients have been directly, or indirectly affected by poor following of Pathway procedures legal action may be instigated by the patient.

6. **PROCEDURE / SYSTEMS:**
 - Patient referral received by secure NHS referral e-mail or e-Referral from clinician. Printed off and checked for presence of patient demographics, contact details including mobile number, clinical indication and referrer details and then passed to a member of the clinical team for triaging.
 - Booking team will then input patient's details onto the patient management system. These details would include name, address, date of birth, NHS number, and a scanned copy of the referral to attach to their file.
 - Patient referral is then triaged by a member of the clinical team who then decides if the referral is an:

- **Inappropriate** referral, if this is the case the clinician will ask the booking team to email the referrers surgery with a covering note explaining why the referral has been rejected.
 - In need of **More information**. Sometimes referrals will be sent with limited or no clinical information to triage the patient appropriately. In this instance the clinician would ask the clerical team to call or email the referrer and ask that they re-send the referral with the complete clinical information.
 - **Appropriate referral** for ultrasound. Once the Clinician has confirmed that the referral is appropriate for ultrasound, they must triage the referral to confirm the scan area and preparation. They would then pass the referral back to the clerical staff for booking.
 - Patient called and an appointment arranged at next available slot with the most suitable clinician for the scan type requested. If the booking team are unable to contact patient by telephone on day of referral, they will book an appointment via a letter, postal bookings will be no less than 10 days from date of letter sent to enable enough time for the letter to arrive
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- All patients are offered scan appointments within 10 days of receipt of referral if they can be contacted via a phone call
 - All urgent referrals are offered scan appointments with 48 hours of receipt of referral if they can be contacted via a phone call
 - All patients are sent text message reminders prior to their appointment, for Stonecross patients they are also sent text reminders regarding parking limitations
 - Patient attends scan appointment at HEM clinic/or Stonecross surgery and after every scan they are advised that the report will be back with the referrer the next working day
 - All reports are completed at end of each scan, unless a second opinion is required
 - **URGENT** reports would be e-mailed immediately back to the referrer following the scan with a member of the booking team calling the surgery to confirm they have received the urgent report
 - **URGENT A&E referral/GP appointment**. Should an immediate life-threatening pathology be found, where the clinician can reasonably consider the patient unfit to leave the clinic unattended. The patient would be asked to wait, and the referring clinician would be called to be informed of the scan findings. If hospital/GP attendance is advised, then the patient would be asked to call a friend or family member to accompany them (if they are already unaccompanied).
 - All actioned patient events are routinely written on the patient's profile, this includes all correspondence with patient, clinician, referrer, and all learned outcomes.

7 QUALITY CONTROL and AUDIT

The patient care pathway is subject to regular review as with all HEM Clinical Ultrasound Service LTD policies and procedures annually. All reported and documented incidents detrimental to the service users or service provider are routinely recorded and reported on.

Aspects of the patient care pathway are routinely audited in the following areas:

- Patient referral and correct triage.
- Patient Record keeping.
- Appointing timescales from referral to scan.
- Clinic waiting times, booking in at reception length of wait and length of time undertaking the scan.

- Radiologist monthly 5% audit of images and reports.
- Patient satisfaction questionnaire results.
- GP Satisfaction questionnaire results.
- Collated findings of unexpected incidents or patient complaints.
- Staffing levels audited to ensure equal opportunity and fair working environment.

8. REFERENCES & APPENDICES / RELATED DOCUMENTS

- *National Patient Safety Agency: Never events framework 2010/11* (NHS Publication)
- *National Patient Safety Agency: Being Open* (NHS Publication)