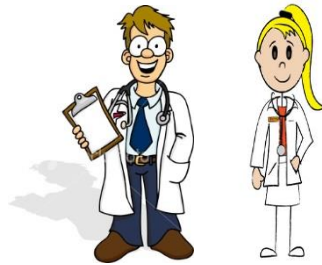


# **Ambulatory Care Junior Doctor Hand Book 2019-2020**





## **Introduction**

**Welcome to our Ambulatory Care Unit. This is an evolving service, which is dynamic, creative and responsive.**

**We are sure you will learn a great deal from both a medical and practical perspective.**

**Team working and Time management is crucial to the flow and quality of care for our patients in ambulatory care.**



## **The aim of Ambulatory Care is to:**

- Ensure patient safety and dignity
- Achieve care satisfaction
- Maintain high standards of continuity of care
- Minimize bed stay
- Assist in medical and hospital wide discharge planning
- Sustain staff safety and morale
- We are both pathway and process driven

## **Content**

1. Virtual ward rounds
2. Clerking and Reviewing of patients
3. Booking of investigations
4. Live -Electronic White Board
5. Electronic /Virtual Diary and Job Lists
6. Follow up of ACC patients
7. Pregnant Patients
8. ACC discharges and Addendums
9. Acute Medical teaching
- 10.Pathways

Given the dynamic nature of ACU we need to be fully aware of the number of patients in the department and all patients need to be managed in a timely and efficient manner.

## **1- Virtual Ward round – (VW round)**

### **09:00**

#### **Greeting and meeting of the team and planning ahead for the day**

.

- All referrals will be discussed and a management plan will be made
- All patients should be accepted on ICE
- Patients rejected on ICE need to be followed up with a call to ward or phoning the referrer
- Rejected referrals should also be emailed to referring consultant
- The date and time will be allocated for all patients referred to ACC
- All patients that are attending for that day to be discussed as to whether a doctor review is needed

or if patients only attending for treatment ( IV antibiotics, Tinz, dressing etc)

- All outstanding jobs enlisted on the virtual diary to be discussed and distributed into
  1. Nurse jobs
  2. Doctor jobs
  3. Ward Clerk jobs
- Patients who DNA'd on the previous day will be discussed - **Ensuring EDLs are completed,**
- ACC co-ordinator will inform team which patients are already here and consultant/SpR will assign and allocate patients to be seen straight after the ward round.
- All expected patients name will be enlisted on the ACC Electronic white board (any staffs can do this, guided by ACC co-ordinator) – Shared drive – excel sheet
- ACC ward clerk will ring patients to inform their time slot to attend ACC.

## 2- Clerking and Reviewing of patients

- Please use the ACC Clerking proforma and continuation sheets.
- Patient's need to have a medical review **within an hour** of arrival.
- Results **do not** have to be available to be clerked.
- All patients should be discussed with a registrar or a consultant.
- Patients should be seen in time of arrival order unless
  - Patients are coming back for results of investigations , see as soon as these become available
  - The following need to be prioritised above those returning for investigations or time of arrival
    - Any unwell patient
    - ? Neutropenic patient
    - Cardiac chest pain

- Start populating Electronic Discharge Letter (EDL)
- Consider letting patients go with follow up calls or reviews
- Patients should complete episode in ACC within 4 hours
- It is the expectation that each junior doctor should see at least 10-12 patients in a 12 hour shift
- Please ensure that you take your necessary breaks during your 12 hour period
- If you finish late – please ensure you complete exceptional reporting
- Please ensure that general manager oncall is aware of this if you are working as a locum



### **3- Booking of investigations**

- Please book investigations under ACC- this gets prioritised
- Except for - CTCAP Investigation for unprovoked DVT/PE should be as routine outpatient
- Please file results once they have been reviewed and actioned on ICE
- Please ensure you select the correct consultant when booking the investigation.

### **4- Live -Electronic White Board**

- Please place your initial next to the patient you see
- Update Electronic White board as you see the patient and document outcome.
- Use the white board

- To identify who is in the department and who has left
- What is pending and chase
- Populate management plan
- Assign and allocate doctors and nurses to jobs
- To help maintain flow of patients
- Identify patients that need to be called following their departure etc.

## **5- Electronic /Virtual Diary and Job Lists**

- Virtual diary is available on the ambulatory care shared care network *S:\share\ACC\ACC diary*
- Please inform the ACC co-ordinator of all follow up and jobs to be done
- ACU co-ordinator, Doctors, Nurses can update this and it should be live
- These lists need to be accurate and up to date

## 6- Follow up

Patients can be followed up with or in

- MSS clinics
- GPs
- Specialist clinics
- Ambulatory care if investigations are completed within a week
- Written to with results

## 7- Pregnant patients

- Please ensure you place and complete the **ACC maternity sticker** in their maternity folder
- Patients with confirmed DVT or PE needs to be booked into the Ante Natal clinic on extension 7017 through ANC reception (8am-10pm)

## **8- ACC discharges and Addendums**

- D/C plan to be recorded clearly in notes
- Ambulatory Care Centre EDL on ICE to be used
- If patient is a review after post discharge please do an addendum on original discharge summary from the ward
- Start populating the EDL – even if patients are returning
- ACC EDL must not be printed out if patient has f/u at ACC
- Once patient has been discharged ACC EDL to be printed out by DOCTORS
- ACC EDL copies will be send to GPs, patients and to the referring team
- Take notes with printed discharge to Ward Clerk for scanning to EVOLVE
- DO NOT LEAVE NOTES IN OFFICE AFTER COMPLETING A DISCHARGE

- All discharges must be completed within the same day
- Discharges not completed on the same day need to be highlighted in next day VW round
- **ALL DOCTORS SHOULD COMPLETE THEIR DISCHARGE SUMMARIES, THIS IS AN IMPORTANT COMPONENT IN CLINICAL GOVERNANCE AND FORMS AN ESSENTIAL COMPONENT OF GMC's GOOD COMMUNICATION**
- FAILURE TO COMPLETE DISCHARGE SUMMARIES WILL BE RAISED TO EDUCATIONAL SUPERVISORS.
- FAILURE TO COMPLETE DISCHARGE SUMMARIES WILL LEAD TO DELAY IN PAYMENTS OF LOCUMS

## **9- Acute Medical teaching**

- This takes place on Thursdays 1:00- 1:30 pm with free lunch
- Please ensure that patients have plans in place before attending
- Please inform the ACC co-ordinator that you are going and management plans are in place for patients. This should be discussed and clarified at the 12 :00 pm board round

## 10- Pathways

**The following pathways are available.**

**Please look at the intranet for most up to date  
information**

Link to pathways

<http://webserver/link.asp?pid=1470&id=23759>

- DVT- *PLEASE investigate for Unprovoked DVT*
- Pulmonary embolism- *PLEASE investigate for unprovoked PE*
- Low risk Upper GI bleed
- Cellulitis
- Non Cardiac Chest pain
- Neutropenic sepsis
- Malignant ascitic drainage pathway
- Symptomatic Anaemia GP referral pathway