

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

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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

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- 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