

YORK DIAGNOSTIC IMAGING

Patient Care Policy

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Document Control

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Document History

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1. Aim

The aim of this policy is to set appropriate standards for care and practice, in the delivery of imaging services to Patients/Participants and referrers.

2. Scope

This policy applies to all York Diagnostic Imaging (YDI) and York Neuroimaging Centre (YNiC) staff involved with Patient care.

3. Definitions

- 3.1 **Chaperone:** In the context of the YDI operations a chaperone is a person who will accompany the patient (or participant) during their MRI examination.
- 3.2 **Supervision:** Term used to describe a formal process of support and learning that allows individual practitioners to develop knowledge and competence and become responsible for their own practice.
- 3.3 **Significant Pathology:** A pathological process or injury that is either life threatening, or presents a significant clinical risk to the patient.

4. Roles and Responsibilities

- 4.1 The Director has overall responsibility for ensuring that Patient care and operational practices at YDI are of such a standard that the safety of Patients is assured.
- 4.2 The Registered Manager has responsibility for ensuring that:
 - All staff and approved operators are aware of and follow this policy.
 - All staff and approved operators have received appropriate training and have the ability to act in accordance with this policy.
 - Any local procedures as described in this policy are in place and available to all staff and approved operators.
- 4.2 All staff are responsible for ensuring that they:
 - Have read and understood this policy and act in accordance with it.
 - Have read and understood the local rules and act in accordance with these.
 - Where appropriate maintain their professional registration and competencies and complete CPD as required by their professional body.
 - Bring to the attention of the Director any issues that may result in a breach to this policy.

5. Respect, Dignity and Privacy

5.1 Standards of care

- 5.1.1 All YDI and YNiC staff will treat Patients, their carers, relatives and others with appropriate dignity and respect, accounting for the different interpretations of dignity and respect associated with different faiths, cultures, generations and genders.
- 5.1.2 All Patients will be treated without risk of bullying or harassment.

5.2 Request for Same sex medical staff

- 5.2.1 Where a Patient requests an examination is carried out by staff of the same sex or wish to have a chaperone, all reasonable endeavours will be made to comply with their wishes.
- 5.2.2 Where such requests are made at the time of appointment booking this may be arranged. However, where the request is only made on arrival at site, an alternative appointment will need to be made if an appropriate member of staff, approved operator or chaperone is not available.

5.3 Patient changing facilities and lockers

- 5.3.4 Where it is necessary for a Patient to change their garments and wear YDI provided attire, private changing facilities will be provided.
- 5.3.5 Lockers are provided for Patient valuables.

5.4 Disabilities

- 5.4.1 YDI Staff are supportive of policies to promote disability equality and will make 'reasonable adjustments' so that those with disabilities are not unreasonably denied access to imaging facilities.
- 5.4.2 YDI Staff will use reasonable endeavours to accommodate a Patient attending with a disability.

5.7 Language translation

- 5.7.1 Where an interpreter is required, it is the responsibility of the Patient to attend with an interpreter who is competent to translate accurately.
- 5.7.2 Where the interpreter is a relative or friend of the Patient the staff member must satisfy themselves that:
 - Patient confidentiality is not unreasonably breached
 - The translation is appropriate
 - Patient answers without inhibition

If, in their judgement any of these are in doubt then the examination should be deferred until an appropriate interpreter can be provided.

5.8 Patient Confidentiality

- 5.8.1 YDI staff will maintain Patient confidentiality at all times.
- 5.8.2 Where Patients are required to answer question of a personal nature these conversations will take place in private environment, e.g. control room.
- 5.8.3 Where contact with a Patient is attempted by telephone, messages will not be left on recording systems as this could lead to a breach of confidentiality.

6. Chaperones

In general, the presence of a chaperone is to ensure the wellbeing of the patient. However, there are circumstances when a chaperone may be required to ensure the health and safety of YDI operators.

6.1 Standards and safety

- 6.1.1 Where a Patient requires a chaperone for any reason, YDI will use reasonable endeavours to accommodate the request as long as safety is not compromised. The chaperone must complete a safety questionnaire and wear ear protection during the examination. Their presence in the scan room will be noted in the patient log book and their safety questionnaire will be stored with the patient's referral letter.
- 6.1.2 Where an operator requires a chaperone, the chaperone must complete a safety questionnaire. The chaperone will wear ear protection during the examination, if they are required in the examination room during scanning. Their presence in the scan room will be noted in the patient log book and their safety questionnaire will be stored with the patient's referral letter.
- 6.1.3 No chaperone will be allowed to remain in the MRI scan room if they are or suspect they may be pregnant.

7. Supervision of staff

7.1 Supervision

- 7.1.1 YDI will provide staff members with appropriate supervision to enable them to develop their knowledge and competence.
- 7.1.2 There are a range of professional service users accessing the YDI facilities including:
 - Clinical Assistants
 - Senior Radiographers
 - Approved operators
 - Research project members

Various levels of supervision and support will be required to facilitate learning and development. These will be agreed and provided on an individual basis.

8. Onward referral of patients

- 8.1.1 There will be occasions when the findings of the examination require urgent referral to a medical practitioner. In these circumstances YDI will endeavour to contact the referrer and Patient's nominated medical practitioner at the earliest possible time.
- 8.1.2 Where the Patient requests details of the examination to be shared with additional medical professionals, YDI will endeavour to provide this information in a timely fashion.

9. Standards of care in practice

9.1 Patient Preparation

- 9.1.1 Patients will be correctly identified, see Patient identification policy. For Patients, the reason for referral and body part to be examined will be verified.
- 9.1.2 An explanation of the examination will be given and the Patient given an opportunity to ask questions.
- 9.1.3 The safety and consent questionnaires are completed and verified with the Patient and the Patient will be asked to notify of any changes if necessary.

9.2 Fasting of Patients/Participants

- 9.2.1 Where fasting of a Patient is required they will be starved for the minimum amount of time necessary in accordance with The College of Radiologists guidelines or the ethics approval for the research project.
- 9.2.2 Where Patients are suffering from other chronic conditions, staff will consult with the referring consultant for advice before dehydrating or fasting these Patients.

9.3 Diabetic Patients/Participants

- 9.3.1 Wherever possible, diabetic Patients will be given appointments to fit in with their medication regime.
- 9.3.2 Diabetic Patients will be advised that YDI does not have facilities for food preparation and consequently they should bring any food they may require with them.

9.4 Patient Monitoring

- 9.4.1 All Patients will be spoken to between each sequence.
- 9.4.2 Patients will always be able to contact the approved operator by a hand held alarm. This will be checked as operational daily.
- 9.4.3 Alternative, agreed, arrangements involving the use of parents/carers will be employed when scanning children, and adults lacking capacity. This will likely require the involvement of a chaperone.

10. Anomalous findings or significant pathology in clinical research

- 10.1 Clinical research examinations on patients with confirmed diagnoses may highlight undiagnosed pathology or other anomalous findings. Under these circumstances YDI will follow the YNIC anomalous findings policy.

11. Final discharge from imaging

- 11.1 Patients are determined as 'discharged' from the care of YDI when they have been told that their examination is complete by a staff member and they have been escorted back to the reception area from where they were collected.

12. Evaluation

- 12.1 The effectiveness of this policy will be evaluated through the use of Patient and referrer satisfaction surveys. Each Patient will be provided with a service satisfaction questionnaire, which shall be modified from time to time allowing them to evaluate the service against a number of criteria. Returned questionnaires will be monitored and discussed at the quarterly management meeting and where areas for improvement are identified an appropriate action plan to address any shortcoming will be considered.

13. Breaches

- 13.1 Any breach to this policy will be reported to the Registered Manager for investigation and remedial action where necessary.

14. Review

- 14.1 This policy will be reviewed every 3 years or in response to a change in policy, guidelines or legislation