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Electro Diagnostics Unit

Document No. : ED/Px REF/04
Title : Patient Referral and Management Process
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Author:

Training Requirements	A	B	C	D
	✓			

A = New procedure requiring documented assessment of competence
B = Modified procedure requiring documented reassessment of competence
C = Familiarity with new procedure required (no assessment of competence necessary)
D = Familiarity with changes required (no assessment of competence necessary)

	Signature	Name (print)	Date
Prepared by			
Reviewed and approved by			

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1. INTRODUCTION

The purpose of this statement of procedure (SOP) is to describe the general practices for the referral of patients to the Visual Electrodiagnostic Testing Service (VETS), their subsequent management, and related reporting and invoicing procedures.

The aim of the VETS is to provide a clinical testing service for ophthalmologists across the XXXXXXX region. Patients are referred by consultant ophthalmologists to the VETS and subsequent testing comprises a range of key diagnostic tests: *electro-retinography*, *electro-oculography* and *visual evoked potential recording*, which form part of the clinical ophthalmological assessment of patients who may be suffering from a variety of hereditary or acquired eye diseases.

The service itself will be run from the Electrodiagnostics Unit (EDU) located in the XXXXXXX School of Optometry & Vision Science (BSOVS), an academic department within the University of XXXXXXX.

2. SCOPE

This SOP covers all stages of interaction that occur within the Visual Electrodiagnostic Testing Service; interactions between the consultant ophthalmologists, who initially refer the patients, the patients and the clinicians within the Electrodiagnostic Unit involved in the subsequent assessment and reporting procedures.

3. RESPONSIBILITIES

EDU Management Team

Dr XXXX XXXX (BSOVS, University of XXXXXXX) - **Director of VETS**

The VETS director has overall responsibility for the delivery of the service and the day-to-day operational management of the Visual Electrodiagnostic Unit.

Dr XXX XXXXX (BSOVS, University of XXXXXXX) - **Head of BSOVS**

Dr. XXXXX has overall responsibility for the teaching and research and knowledge transfer activity that takes place within the School.

Mrs XXXX XXXXX (School of Life Sciences, University of XXXXXXX) – **Health & Safety Officer.**

Mrs XXXXX is responsible for health and safety issues and risk assessment in the School of Life Sciences.

Dr XXXXXX XXXXXX (BSOVS, University of XXXXXXX) - **Lecturer.**

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Dr Chisholm is the Knowledge Transfer Manager for BSOVS, which encompasses development work on a University Polyclinic and the ophthalmic clinical services strategy.

Dr Anna Snelling (School of Life Sciences, University of XXXXXXX) - **Senior Lecturer in Microbiology**

Dr Snelling provides advice and guidance on cleaning and infection control procedures in the EDU.

Quality Assurance Manager

Dr XXXX XXXX (School of Life Sciences, University of XXXXXXX) - **Associate Dean**

Dr XXXX is the Bioscience Incubation Manager within the Institute of Cancer Therapeutics. He is an individual external to BSOVS and the day to day running of the VETS and will be responsible for overseeing quality assurance procedures including annual auditing and reviews.

Prof XXXX XXXX (School of Life Sciences, University of XXXXXXX) - **Dean**

Prof. XXXX provides the highest level of managerial responsibility in the School of Life Sciences and is the person to whom any complaints regarding the VETS service should be addressed (see: *Procedure for complaints by persons or organisations external to the university, UoB Document*).

Dr XXXX XXXX (XXXX Hospital) - **Consultant Clinician**

Dr. XXXX is a Senior Clinical Scientist and runs the visual electrodiagnostic service at XXXX Hospital. He acts as a consultant for this service providing advice on all aspects of design and operation.

4. RELATED DOCUMENTS

- Ophthalmologist Information Sheet (VETS 001)
- Referral Request Form (VETS 002)
- Patient Appointment Letter (VETS 003)
- Patient Information Form (VETS 004)
- University Procedure for complaints (UoB 010)
- Electrode Application and Removal Procedure (ED FAC05)
- VETS Report Procedure (ED FAC06)
- Notice of Accident/Incident Form (UoB 023)
- Evacuation Strategy – Richmond Building (UoB 008)
- Tropicamide (COL INF 001)
- Instillation of Diagnostic Eye Drops (COL GUID 001)
- Equipment, Maintenance & Calibration Procedures (ED FAC07)
- Facilities Cleaning (ED FAC01)
- Patient Data Management and Storage (ED FAC08)

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- Glaucoma (primary angle closure) (COL GUID 002)
- Adverse Events (ED QMS03)
- Patient Declaration and Feedback Form (VETS 005)
- Ophthalmologist Feedback Form (VETS 006)
- Quality Manual (ED QM 01)
- Document Preparation and Control (ED QMS01)
- Internal Audit (ED QMS02)
- Quarterly Review (ED QMS04)
- Complaints and Feedback (ED QMS05)
- Safeguarding Children Information (NHS 001)
- XXXXXXX Safeguarding Children Board (VETS INF002)

5. PROCEDURE

5.1. Ophthalmologist Information.

Ophthalmologists who wish to refer patients to the VETS are provided with an information sheet (VETS001) outlining the nature of the service, how to refer and the costs of testing procedures.

5.2. Receipt of EDU Referral Request.

5.2.1. When an Ophthalmologist refers a patient for a visual electrodiagnostic assessment they will complete a *Referral Request Form* (VETS002). This form will provide contact details and basic information relating to the type of tests the ophthalmologist requires in aiding his/her diagnosis or monitoring of the patient's ocular condition. This form is posted to the VETS Director. Confirmation by email of receipt of this request is sent to the ophthalmologist.

5.2.2. Upon receipt of this referral request the VETS Director checks all the necessary information has been provided. The ophthalmologist is contacted if any further information is required.

5.2.3. Once all of the necessary information is in place the VETS Director arranges an appointment and writes to the patient with an appointment time and date (*Patient Appointment Letter: VETS 003*). The patient is asked to contact the EDU manager if this appointment is suitable or to arrange an alternative date and time if this first appointment is not suitable (email, office telephone and mobile telephone (with voicemail) contact details are provided on the appointment letter).

5.2.4. Confirmation/acceptance of the appointment by the patient is logged on the *Referral Request Form*.

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5.2.5. Following confirmation of the appointment the VETS Director logs the appointment date and time along with patient name and contact details on a Google Calendar for EDU to which Dr XXXX XXXX (Head of Dept), departmental secretaries (Ms X XXXX & Ms X XXXX) and our internal quality assurance manager (Dr XXXX) have access. This will provide the means by which patients can be contacted in the event of illness or absence of the VETS Director (Dr XXXX) or to inform patients of any unforeseen changes to their appointment.

5.2.6. If the patient fails to attend the appointment then this is noted on the *Referral Request Form (VETS002)* and a second appointment letter is sent with an alternative date to the patient.

5.2.7. If the patient fails to confirm and/or keep this appointment a letter is then written to the referring ophthalmologist informing them of this fact and how they would like to proceed with the management of this patient.

5.2.8. The appointment letter also requests that the patient lets the EDU manager know if there have any special requirements for the appointment (e.g. mobility difficulties, sensory impairments, communication/language issues, possible allergies, chaperone requirements). These requirements are logged on the referral form.

5.2.9. The University of XXXXXXXX Disability Service (see link <http://www.XXXXXXX.ac.uk/disability/contact/>) is able to organise BSL Interpreters and a range of other language service professionals such as Lipspeakers and Communication Support Workers (CSWs) for patients who are deaf or hearing impaired. If such arrangements are required this should be done at least three weeks in advance of finalising the date of the VETS appointment.

5.2.10. Along with the appointment letter a *Patient Information Form (VETS004)* is sent out at this time. This document outlines the procedures to be undertaken, what preparation is required on the part of the patient, how to get to the unit and who to contact if they have any specific questions or if subsequent to the appointment what to do if they have any complaints.

5.2.11. On the information form we request that if the patient has any communication or language difficulties that they are accompanied by someone who can either translate or help communicate their needs. In addition we also request that any person under the age of 18 is accompanied by their parent or guardian.

5.3. Patient Appointment.

5.3.1. The patient arrives at the University's xxxxx Building and reports to the Reception desk. The receptionist contacts the VETS Director who then takes them to xxx where the EDU is located.

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5.3.2. Accompanying persons can remain with the patient throughout the whole process (see also: *VETS004*).

5.3.3. The patient is shown the testing equipment and visual stimuli and is then verbally taken through all of the tests and procedures that will be performed and are told how long the procedures will be expected to take.

5.3.4. At this juncture the location of the fire exits and toilet facilities are pointed out (see also: *Evacuation Strategy – Richmond Building, UoB 008*).

5.3.5. The patient and any accompanying persons are also asked to turn off their mobile phones at this point.

5.3.6. The patient is asked again at this stage if they have any skin allergies or hypersensitivities. The patient is also asked if they have experienced any previous sensitivity or intolerance to eye drops.

5.3.7. At this point the patient is asked to sign the Patient Declaration section of the *Patient Declaration and Feedback Form (VETS 005)*.

5.3.8. If the VETS manager feels that the patient is not able to provide informed consent, or if the patient lacks the capacity to give informed consent, or has not brought along an advocate or guardian to provide this consent then the testing procedures will not be carried out until such consent has been given.

5.3.9. When the patient has indicated that he/she is ready, the process of applying the recording electrodes is performed (see: *Electrode Application and Removal Procedure, ED FAC05*) and any necessary eye drops are instilled.

5.3.10. For procedures relating to the instillation and use of eye drops see: *Instillation of Diagnostic Eye Drops in General Optometric Practice (College of Optometrist Guidelines)*, see also: *Tropicamide (College of Optometrist Information Sheet)*.

5.3.11. There is a small risk (1 in 20,000, (*Pandit & Taylor, Diabetic Med. 2000*)) of induced angle closure glaucoma during dilation. The clinical management of such rare events is detailed in: *Glaucoma (primary angle closure), College of Optometrists Clinical Management Guidelines*.

5.3.12. The required tests are performed all of which are designed to meet the standards prescribed by the International Society for Clinical Electrophysiology of Vision (ISCEV). See: www.iscev.org.

5.3.13. Data resulting from the tests are stored on the Espion2 system in a secure patient data base (see: *Data Management and Storage, ED FAC08*).

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5.3.14. Details of the recording system and other EDU equipment can be found in the document: *Equipment, Maintenance & Calibration Procedures, ED FAC07*.

5.3.15. Following completion of the tests the patient has the electrodes removed and any remnant conductive gels or pastes cleaned from their skin (see: *Electrode Application and Removal Procedure, ED FAC05*).

5.3.16. Further information on cleaning and maintenance of the facility can be found in the documents: *Facilities Cleaning, ED FAC01; Equipment, Maintenance & Calibration Procedures, ED FAC07*.

5.3.17. The patient is then informed that the results from the tests will be communicated to the ophthalmologist who will then be able to discuss the findings with patient at their next appointment.

5.3.18. The patient is then escorted from the building by the VETS manager.

5.3.19. **In the event of an emergency** requiring first aid (or Ambulance), the Police or Fire Service contact Security immediately on extension **1234** or **01234 12345678** for assistance.

Please provide Security with:

- Details of the emergency.
- Location.
- Symptoms of casualty(s).
- Name of person making call and contact telephone number

5.3.20. If any other adverse events occur during any stage of the patient's presence within the University of XXXXXXXX which result in injury or harm to the patient the procedure to follow is detailed in document: *Adverse Events, ED QMS03*.

5.3.21. In addition, any accident occurring on University premises causing injury that requires subsequent medical attention should also be reported via a *Notice of Accident/Incident Form (UoB document)*. This form should also be completed if there are any near miss incidents. In both cases the completed form is sent to the University Health & Safety Services.

5.3.22. **If there are any concerns that a child is being harmed** as a result of abuse or neglect there is a need to ensure the appropriate organisations are contacted who can listen to, act upon and record these concerns (see documents: *Safeguarding Children Information, NHS 001; XXXXXXXX Safeguarding Children Board, VETSINF002*).

In XXXXXXXX, these are the numbers that you can ring for advice and to make a referral:

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- During office hours (8.30 - 5.00 Monday to Thursday, 4.30 on Friday) call Children's Social Services Initial Contact Point - **01234 12345678**.
- At all other times, Social Services Emergency Duty Team – **01234 12345678**
- If you have reason to believe that a child is at **immediate risk of harm**, contact the police on **999**

5.3.23. **If there are any concerns that an adult is being harmed** as a result of abuse or neglect there is a need to ensure the appropriate organisations are contacted:

- You can report abuse online : https://online.XXXXXXX.gov.uk/ufs/ufsmain?formid=AP1_FINAL
- **Adult Services Access Point** Telephone 01274 435400
Monday to Thursday: 8.30am to 5pm
Friday: 8.30am to 4.30pm
- **The Emergency Duty Team** Telephone 01274 431010 (outside office hours)
Monday to Thursday: 5pm to 7.30am
Friday to Monday: 4.30pm to 7.30am

5.4. Report to Ophthalmologist

5.4.1. Following analysis of the data a written report for the ophthalmologist is drawn up by the EDU manager and this is posted within 3 working days of the test appointment.

5.4.2. The procedure for the writing of this report is described in the document: *VETS Report Procedure, EDFAC06*.

5.4.3. A written copy of this report is kept with the patients file which is securely stored in the EDU.

5.4.4. An electronic copy of all tests results, referral and report documents is kept on a secure password controlled computer in the EDU.

5.4.5. The procedures for the management and storage of patient data are described in the document: *Patient Data Management and Storage, ED FAC08 (see also: Advisory Note on the 1998 Data Protection Act, UoB 022)*.

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5.5. Invoicing Procedure.

5.5.1. On a quarterly basis the University of XXXXXXXX Finance Office is provided with a list of patients seen in the EDU by the VETS Director.

5.5.2. The University of XXXXXXXX Finance Office then arranges invoicing of the relevant hospitals for payment.

5.6. Feedback from Ophthalmologists and Patients.

5.6.1. Each patient is given a Patient Declaration and Feedback Form (*VETS005*) on which basic questions are asked about our service they are also provided with a space in which they can volunteer and further suggested improvements.

5.6.2. On an annual basis the VETS Director sends the Feedback Form (*VETS006*) to the referring ophthalmologists providing them with a means by which they can comment on the quality of the service and provide suggestions for improvement.

5.7 Review and Auditing Procedures

5.7.1. The procedures governing service review and audit are described in the *Quality manual (ED QM 01)*.

5.7.2. A *Quarterly Service Review* will be carried out by the EDU management team the purpose of this review will be to gather and act upon any problems or issues relating to the processes outlined in this document. These reviews will be logged on form *ED QMS 04*. Standing agenda items at this service review will be:

- Ophthalmologist/patient feedback
- Complaints/Comments
- Adverse events
- Equipment failures
- Procedural failures

5.7.3. An *Annual Service Review* will also be carried out by the VETS Director and Dr XXXX XXXX who is responsible for quality assurance issues relating to the service. This review will consider reports from the quarterly service reviews and provide an opportunity to reflect on the service reviews and recommend specific changes to be implemented where appropriate. Further detail relating to this process can be found in document: *Internal Audit ED QMS02*.

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5.7.4. In addition to the annual service review there will be also be an annual:

- General Risk Assessment by the Health & Safety Officer (Mrs X XXXXX)
- Infection Control and Cleaning Risk Assessment by Dr X XXXXX.