

# STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		Clinician Home Visiting	Doc. No.	CL028		
Scope		Operational Directorate	Clinical Directorate			
Purpose		To ensure prompt comme To ensure liaison with hon times. To ensure removal of all p end of shift.	/al and cor			
Guid	elines	To ensure prompt complete	tion of home visits without unnecess	sary delays	ary delays.	
PRO	CEDURE			RESPONSIBILITY		
1	All clinicis specified Clinicians identifiab manager  DRIVERS USE THI PATIENT	Urgent Care 24 Clinician / Driver				
2	The clinic shift man They mu record the The visiting 'Medicine B. Work the C. Be the	Urgent Care 24 Clinician / Shift Manager / Home Visit Dispatcher				

	D. Ensure you have an adequate amount of supplies for your session (e.g. gloves, tongue depressors etc.)	
3	The clinician will also collect a mobile phone, which will be housed with the driver's phone. The driver may already have taken this to the car at the start of the shift. As a safety protocol you must take this phone into all home visits with you, it is advised you place it in the front of the bag.  If the clinician is required to triage calls they will remain within Wavertree HQ or other centre.  If the clinician is required to attend a home visit they must log out of Adastra at HQ or the centre. The clinician will sign for and receive a hand-written prescription pad from the home visit dispatcher and proceed to the vehicle.	Urgent Care 24 Driver / Clinician
4	The driver will have the Adastra V3 Aremote system switched on in readiness for the first visit. The clinician must log onto the Adastra screen in the usual way (refer to pictorial instructions). Once logged on the clinician status will change to 'clinician present'. At this point you will be able to access the clinical information.	Urgent Care 24 Driver / Clinician
5	The laptop is to be shared between the driver and the clinician. The drivers have signed confidentiality agreements and need to be privy to the patient demographics of the visits coming up, in order to plan routes in-between home visits and to note any changes or cancellations that may have been made via the dispatcher.	Urgent Care 24 Driver / Clinician
6	The clinician will open the clinical record for the next visit, ring the patient and or representative, introduce themselves, ensure they are speaking to the correct person to protect patient confidentiality, and inform the recipient of the call of the estimated arrival time.  The clinician will ascertain any further clinical and access information and enter this in the Adastra history field.	Urgent Care 24 Clinician
7	On arrival at the visit address, the clinician will select the appropriate case and press the start button to record the start time of the consultation. If you forget to press the start button then this can be reset later using the modify time box (refer to instructions located in the car/s).	Urgent Care 24 Clinician
8	If no answer is obtained when visiting, the clinician must make a decision based on the clinical details. The shift manager must be	Urgent Care 24 Clinician / Shift

	informed of the action recommended by the clinician. If there is a risk of the patient coming to harm, all steps needed to mitigate harm must be taken. This might include ringing local hospitals to check the patient has not already been admitted or requesting assistance from the police to gain entry. The shift manager or clinician may escalate this decision to the director on-call.	Manager / Director On-Call
9	During the visit the clinician will confirm the history, make an appropriate clinical examination, make an assessment, discuss the management with the patient and / or their carer, and ensure that they are clear on what further action should be taken.  On returning to the vehicle any further clinical information elicited on the visit should be entered into the appropriate sections of the Adastra clinical record. Additional information recorded on paper notes should be entered into the computer record at this stage. The time of completion of the call should be entered before completion.	Urgent Care 24 Clinician
10	Any prescription issued should be handed to the patient or their representative, entered via the prescription module and recorded as 'hand-written'.  If medication is dispensed from the boxes in the car, the prescription immediately should be entered onto the computer. For all dispensed items a prescription should be hand-written and given to the driver.  If you incorrectly misuse / write a prescription, please write 'VOID' across the front and pass to the driver – do not destroy the prescription.	Urgent Care 24 Clinician
11	For the next visit, the clinician will follow the procedure in sections 4 10 as documented above.	Urgent Care 24 Clinician
12	If there are no further visits to undertake and there is still time remaining prior to completion of the shift, the clinician will return to base to triage calls.	Urgent Care 24 Clinician
13	In the event of no computer being available in the vehicle, the clinician will keep appropriate written records and will enter all details from the written records onto the computer at the base on their return and before completing the shift.  The start and finish times should be corrected before filing using the 'Modify Times' tab.	Urgent Care 24 Clinician

14	The clinician will liaise with the shift manager prior to completing their shift and will ensure that all paperwork containing patient identifiable data is returned to the shift manager.	Urgent Care 24 Clinician	
15	Urgent Care 24 will inform the patient's registered GP practice of the outcome of the visit before the start of the next working day.	Urgent Care 24 Administration Team	
	It is the clinicians responsibility at the start and end of each session to:		
16	<ol> <li>Ensure that there is no clinical waste or any other items left behind that do not belong to the medication bag and that you dispose of correctly and safely any items you may have brought back with you. (Used sample bottles, used ear probe covers etc.)</li> </ol>		
	<ol> <li>Please make sure that any used sharps, needles or lancets, are disposed of in the sharp bins provided, either the mini sharps bin placed in each bag or the sharps bin placed in the boot of each car.</li> </ol>	Urgent Care 24 Clinician / Shift Manager / Home Visit Dispatcher	
	3. If you check and find any items that have been left you must report any findings to the shift manager or logistics manager, informing them of the bag number of which the item was located and raise an incident report. It is the clinician's responsibility to dispose of items in the appropriate manner.		
	Please see Appendix A - Procedure for Signing Out the Clinicians Black Bag		

### **Appendix A**

## **Procedure for Signing Out the Clinicians Black Bag**

Evening and Weekend Med Drivers / Clinicians

# PLEASE ENSURE THAT YOU **SIGN THE BAG OUT** ON **THE PRESCRPITION LOG** SHEET WHEN YOU TAKE IT.

(Bag number is in Gold on the front and back of the bag).

Evening / Weekends – Black Clinician bags will be left outside the meds room. Please make a note of the bag number and make sure you or the shift manager has written it on the Prescription log sheet when you collect your prescriptions ready to take out.

There is a column on the sheet to record these.

		OU	Ţ		IN			
Clinicians Name	Start serial No.	End seria No.	Equip bag no.	Cinician's signature	Start serial No.	End serial No.	Clinician's signature	S.S Initials

Clinicians - When returning the clinicians black bag, can you please ensure that you have placed back in any equipment you may have used at the end of your shift.

If you are taking a bag that is not sealed it is the Clinicians responsibility to cross check that all the contents are there before going out on Home Visits.

N.B. It is the Clinician's responsibility to make sure that <u>no clinical waste</u> is left in the bags.

Drivers / Shift Managers – If you go into the meds room the bag(s) under the placed under the "Huyton Sign" are for this service only and nowhere else.



### STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title		Clinician Home			isiting Procedure Doc. No. CL0					
Version					V7					
Supersedes					All previous versions					
Approving Ma	anage	rs/Com	mittee	!	Head of Service					
					July 2007 (original)	July 2007 (original)				
Department of Originator					Out-of-Hours					
5 2 2 2 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2					Director of Service Deliv	/ery				
Responsible	Manag	ger/Sup	port		Out-of-Hours Service M	anager				
Date Issued					July 2007 (original)					
Next Review	Date				January 2021 (or when	there is a cha	inge in pro	cedure)		
Target Audie	nce				Out-of-Hours Operation	al and Clinica	l Staff			
Version	Date		Cont	rol Rea	Accountable					
V1 – V5	2007 2012		Prep	ared &		Various				
V1.1	Octol 2010		Revi	ewed by	/ T Tarbuck /J.Shaw		GP / Medical Director			
V1.2	Janu 2012	-	Revi	ewed by		GP / Medical Director				
V1.3	31.07	7.13	Reviewed and updated				Medical Director / CG Manager			
V1.4	16.11	1.13						Director / ger		
V1.5	15.12	2.15		ewed ar clinical l	nd updated by logistics m ead	anager	Logistics I	Manager		
V6	June	2017	Reviewed and updated				Head of Service / Medical Lead			
V7	Febru 2018	•	Secti amer		nd 8 added, sections 2,7 and 10		Logistics Manager			
Reference documents				Е	lectronic Locations Locations for Ha		s for Hard	Copies		
Urgen				Urgen	t Care 24 Intranet	Standard Operating Procedures File in the Call Centre		e Call		
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