INTRODUCTION

This policy provides information for all staff within the multi disciplinary team working in the Endoscopy unit. There is a separate induction booklet for all new endoscopists with specific information covering the booking of lists, sessions, biopsies, consent and clinical protocols.

The Endoscopy unit delivers care by providing an outpatient and inpatient service for patients who require treatment for gastrointestinal or respiratory conditions, either electively or as an emergency. The multidisciplinary team will facilitate the delivery of patient focused care and offer emotional support as required.

1.0 UNIT PHILOSOPHY

To provide non judgemental, confidential, patient focused care.

To treat patients with dignity and respect in a professional and understanding manner.

To actively promote health and well being and to act in the patient’s best interest ensuring their safety within Endoscopy.

In order to meet our aims the department is committed to training and development of all staff working within the unit. The unit provides appropriate facilities for training of junior medical staff, trainers and nursing staff.

2.0 SERVICE SUMMARY

The service is provided in an integrated unit with a multidisciplinary approach to patient care. The majority of patients using the service are seen on a day case basis. The unit provides services for adult patients admitted to the wards in The Royal Infirmary of Edinburgh on a planned and unplanned basis.

The unit is open 7am to 19.00pm Monday to Friday.

The unit has 4 fully equipped endoscopy procedure rooms, and 2 physiology rooms providing a variety of procedural care which includes:-

Colonoscopy
OGD
ERCP
EUS
Flexible sigmoidoscopy
PEG
Bronchoscopy
EBUS
Trans Nasal Endoscopy
Double Balloon Enteroscopy
Capsule enteroscopy
Oesophageal Manometry and pH/Impedance monitoring
Urea Breath Testing
HALO Ablation

A timetable of all scheduled sessions is available; this includes scheduled capacity for in-patients. The unit also provides additional ad-hoc sessions for in-patients and out-patients if demand temporarily increases.

The unit has a dedicated nursing team covering all sessions. Endoscopies are performed by medical staff from Gastroenterology and General Surgery and by suitably qualified Nurse Endoscopists. The Unit also provides accredited training for both medical and nursing staff.

3.0 STAFFING ARRANGEMENTS

3.1 Medical Staffing

The facility is staffed by 9 Consultant Gastroenterologists, 6 UGI Surgeons, 4 Respiratory Physicians and medical and surgical Registrars

3.2 Nurse Staffing/Skill Mix

The facility is staffed by 20.84 whole time equivalent nursing staff including a Band 7 Unit Manager.

3.3 Technical Staff

The facility has a total of 5.33 whole time equivalent technical staff whose role is to decontaminate all endoscopes, and support nursing staff

3.4 Administration Staff

We have one receptionist and an administrative assistant. Booking is within the centralised booking office at the Western General Hospital (WGH)
3.5 Management

The Unit sits within the Surgical directorate and is line managed by a Clinical Nurse Manager and Service Manager. Any financial issues would be referred to the Chief Nurse and Head of Service.

4.0 EDUCATION

4.1 Non-endoscopist training

The Royal Infirmary of Edinburgh is a teaching hospital and therefore students undergo training on site. These include:

- Medical Students undertaking gastroenterology and surgical placements

- Nursing and Midwifery Students undertaking both degree and diploma level training for observation only

- Clinical Support Worker undertaking Scottish Vocational Qualification in Care level 2 and level 3

- Clinical Support Worker undertaking Higher National Certificate in Healthcare

- Work placement opportunities

The Unit supports a proactive approach to staff development and research based practice and has links with other higher education centres and Universities.

Induction programmes are in place to support newly appointed or newly qualified staff.

All newly employed staff enter an initial three month probationary period. Following this they will have a PDP review at 3 months, six months and then annually thereafter.

All staff will also be offered the opportunity to undertake the ‘Gastro Intestinal Nursing’ (GIN) course. This involves the completion of web based competencies.

All staff are required to undertake mandatory refresher training every 18 months. This is largely self-directed e-learning & involves updates.
in Manual Handling, Safe Transfusion policies, Fire Safety, Infection Control and resuscitation.

4.2 Trainee endoscopists

The unit supports training of gastroenterology, surgical and non-medical endoscopists. Training is carried out according to JAG standards and is detailed in the documents entitled “Lothian endoscopy induction pack” and “Learning and development policy for endoscopy”.

5.0 REFERRAL, VETTING AND BOOKING PROCESS

5.1 Outpatients

Procedures are requested on an endoscopy referral form. Referrals document the indication for the procedure and record significant risk/other clinically relevant issues.

Referrals from members of the Endoscopy team are forwarded direct to the Central Booking Office (CBO).

Referrals from all other sources are vetted daily according to a rota by a member of the Endoscopy team against locally agreed guidelines and if accepted are forwarded to the CBO. Referrals considered inappropriate or with insufficient information are communicated back to the referring clinician. Locally agreed guidance is reviewed annually by the Endoscopy QIP team.

All outpatients referrals (unless specifically requested) are pooled onto a common waiting list by the CBO.

Patients are contacted by telephone from the CBO to agree the date of their appointment. If not contactable by phone a contact letter is sent out asking the patient to phone in to arrange their appointment. If contact has not been made after this and a further phone call and 2nd contact letter the patient is removed from the waiting list and the referring clinician and GP advised.

Endoscopy appointments are allocated and listed as per template by the CBO. Patients with diabetes are appointed early on lists and are sent detailed information approved by the department of diabetes about the management of their diabetes during the preparation period.

Patients are sent a procedure specific information leaflet that contains information about the endoscopy unit, procedural details, guidance on preparation for the procedure and information on consent. Procedure leaflets are reviewed annually by members of nursing staff and the Endoscopy Quality Improvement Teams.
5.2 **Inpatients**

Procedures are requested on an endoscopy referral form. Inpatient referrals are triaged and prioritised daily by the Endoscopy team. The ward is contacted via telephone to inform of procedure allocation.

5.3 **PEG referrals**

PEG referrals are faxed to the endoscopy department and then discussed and reviewed with the nutrition nurse specialist prior to booking on an appropriate list. If any anticipated problems then they are reviewed by the GI registrar on call.

5.4 **Surveillance patients**

Cases listed for surveillance procedures are clinically and administratively validated to ensure that the repeat is still appropriate and conforms to current unit and national guidance for surveillance procedures. At the time of writing a small group of consultants are undertaking clinical validation but this group will be expanded in the future. Case notes are passed to clinicians for validation and a proforma is completed detailing procedure and date required or action in the event of cancellation or change in priority. This is then actioned by the CBO team. Unit guidance for surveillance procedures is reviewed annually by the Endoscopy QIP team.

6.0 **CANCELLATION AND DNA**

The New Ways policy is applied for to all aspects of the booking process including DNA and cancellations.

All patients are offered the first available appointment if this is unsuitable they will be offered up to 2 further appointments if these are still unsuitable they will be removed from the waiting list and letter sent to referring doctor and GP.

All patients who Do Not Attend, will receive a call from the endoscopy booking office coordinator to understand the reason for the DNA. If appropriate another appointment is given.

When a patient fails to attend for an appointment and is not contactable or does not wish another appointment for the procedure, a DNA letter is sent to the patient, GP and the referring clinician. A letter is sent to the original referrer along with the case notes in order that follow up by the GP or Consultant is arranged as appropriate.
7.0 INTERPRETING SERVICES

If a day case patient requires an interpreter on the day of their examination, this is organised at the time of booking their appointment. The administration team will make the required request for an interpreter to attend.

If an interpreter is required for an inpatient or unexpectedly for an outpatient, this service is provided by the Interpretation Service (ITS) based at City of Edinburgh Council. BigWord provides a telephone translating service, details of which can be found in endoscopy reception.

The use of family members or friends as interpreters is actively discouraged. However, in cases where a patient refuses the offer of the interpretation service family members may be used and this is documented in the patient’s notes.

8.0 EMERGENCIES / INPATIENTS

8.1 In Hours

An endoscopy request form is completed by the ward medical team who discuss the case with the Urgent referral bleep holder (Gastroenterology SpR) or with the duty GI consultant on the unit.

Scheduling of inpatient referrals is carried out by the Nurse in Charge in the inpatient diary. The unit operates 6 fixed inpatient lists per week together with ad hoc slots for emergencies.

8.2 Out of Hours

The majority of GI bleeders in Lothian are endoscoped in the Royal Infirmary of Edinburgh. A GI bleed rota is operational. The rota consists of Registrars and Consultants, and a member of the endoscopy unit nursing team. All GI bleeders are scoped in HDU/ITU or CPOD theatre. The majority of referrals go through the GI registrar on call, who contacts the appropriate consultant. If the patient requires an endoscopy the on call nurse is contacted to come in and prepare the equipment and assist with the procedure. The service is also well supported by the HDU/ITU anaesthetic team.

9.0 ADMISSION and DISCHARGE

9.1 Ward patients

An allocated porter will collect patients from the ward areas and escort patients to the Unit ready for their procedure. All patients
who have a blood transfusion in progress must be accompanied by a registered nurse. A patient I.D and checklist will be undertaken in conjunction with the nurse as per Trust Policy.

Inpatients are admitted and consented in the recovery area, care is taken to ensure patients’ privacy is maintained and curtains are drawn during the discussions about their care. Inpatients are transferred back to the ward with the porter and a trained nurse from the ward. A copy of the endoscopy report is filed in the patients notes prior to discharge.

9.2 Tertiary referrals

Patients are transferred by ambulance and are escorted by a qualified nurse throughout their transfer, admission and discharge. A copy of the endoscopy report is filed in the patients notes prior to discharge.

9.3 Day case patients

All patients booked for a procedure will report to the Endoscopy Reception upon arrival to the Unit.

All patients undergo an assessment by a registered nurse prior to their procedure in a private room in the admission area. This includes previous medical history, transport arrangements, choice of sedation, risk assessment, preparation for the procedure and monitoring of vital signs. All care within the department is documented on an integrated care pathway (ICP).

Patients will complete the consent process in the private admitting area with the admitting nurse provided she/he has undergone training in consent. Alternatively consent may be taken by the endoscopist if required. Consent is taken outside the endoscopy room.

Patients booked for upper GI endoscopies are not changed into gowns; however those booked for lower GI endoscopy procedure do change into a hospital gown +/- disposable shorts before the procedure. The patient’s property will remain with them at all times. Patients will wait in this cubicle until their procedure.

The patient will then walk into the procedure room with the nurse who is responsible for them during their procedure. The room is always set up prior to the patient entering the room. The nurse will be responsible for patient care during the procedure and will be supported by a 2nd trained nurse who will assist the endoscopist. A 3rd member of staff will be required if performing complex therapeutic procedures.

Post procedure, patients will be transferred to the recovery area by trolley by the team for a formal handover to recovery staff. Patients
who have sedation will be monitored in the recovery area for a minimum of 45 minutes.

Once fully recovered, patients will change and wait in the seated discharge area where they will be given refreshments if appropriate. Prior to discharge the patient will be informed of the outcome of their procedure and given a discharge information leaflet which includes emergency contact details if they experience any problems post procedure and details of any further follow up. The unit operates a policy of nurse led discharge and patients suitable for this are identified on the ICP. Patients not suitable for nurse led discharge are reviewed by the endoscopist when fully recovered.

Patients who have undergone the procedure with throat spray are walked to a separate recovery room and are given refreshments when appropriate. The results including a management plan will be given to the patient both verbally and in written form together with further appointments if appropriate.

10.0 ANTICOAGULATION

Patients are informed in the patient information booklets that if they are taking anticoagulants they should contact the endoscopy department prior to their procedure. The phone is carried by a senior member of the nursing team responsible for co-ordination of the lists that day. Anticoagulation is managed according to the BSG guidelines 2008. In the majority of cases the nurse will be able to advise the patient at the time. In more complex situations the case is discussed with either the consultant requesting the procedure or the consultant operator for the list and the patient telephoned subsequently with instructions.

11.0 ANTIBIOTIC PROPHYLAXIS

The unit follows the BSG guidelines 2009. Antibiotics are only used in the situations recommended in these guidelines.

12.0 CONSENT

NHS Lothian has a policy for consent and this is available on the Intranet and held locally within the endoscopy unit. Nurse led consent for all outpatients is practiced within the endoscopy unit. Consent is obtained by the admitting nurse during the admission process. The majority of all current registered nurses have undergone local competency training, and all new staff will undergo training as part of their induction and development. Inpatients if not consented in their parent ward are consented on arrival in the department. There is a local withdrawal of consent policy available within the department.
13.0 **AFTERCARE**

Discharge sheets include contact numbers for advice following endoscopy. Any patient requiring advice out with departmental working hours is given the contact details for NHS 24. The decision to use this number was taken following a visit to NHS 24 by one of the department’s gastroenterologists. The service has the facility to provide sound advice to patients post endoscopy.

14.0 **ENDOSCOPY REPORTING SYSTEM**

The unit uses the Unisoft Endoscopy Reporting system.

Endoscopy reports record all procedural, operator and follow up details. All reports are finalised and printed on completion of each endoscopy. Copies of reports are printed for the case notes, for the GP, for referring clinicians, and for the administration office. The administrative team within the department file the report in the patient notes and arrange follow up endoscopic procedures if requested in the report. The notes are retained in the department until pathology reports are available. At the discretion of the endoscopist a copy of the report is given to the patient where appropriate prior to discharge. Otherwise, the discharge information contains details of the findings of the procedure. Copies of the reports are sent within one working day to the GP and the referrer.

15.0 **PROCESS FOR INFORMING PATIENTS OF POSSIBLE MALIGNANCY**

Following the procedure patients with suspected malignancy will usually be spoken to by the Endoscopist. If the Endoscopist does not discuss the finding with the patient a note of the reason for this will be recorded within the patient’s case notes by the Endoscopist. If the patient has a suspected upper GI malignancy the information will be reported to the Upper GI Nurse Specialist for referral to the upper MDT meeting in RIE. All suspected colorectal malignancy will be reported by the Endoscopist to the colorectal nurse specialist and MDT based at WGH. The endoscopist will arrange urgent staging CT as required.

16.0 **PATHOLOGY REPORTS**

All endoscopy pathology reports are sent to the endoscopy unit where the endoscopy report is married with the result before being passed to the endoscopist/list consultant for review. Non-malignant pathology is reviewed and acted upon within 5 working days of receipt of the report. All pathology reports are uploaded to the SCI store within 24 hours of
reporting by the lab so as to be available promptly to the referring clinician. Cases of suspected malignancy are referred on the day of endoscopy to the appropriate cancer MDT, ensuring prompt review of subsequent pathology by the relevant team.

Surveillance procedures where appropriate are requested at the time of pathology review.

17.0 COMPLAINTS

All patients’ complaints are investigated by the charge nurse/clinical nurse manager as per NHS Lothian Policy. Patients have access to Patient Liaison service based at WGH.

Complaints are discussed at our monthly Quality Improvement Programme (QIP) meetings

18.0 VISITORS

All visitors will be required to report to the Unit reception area.

19.0 RELATIVES/CARERS

Relatives and carers may accompany patients into the department and will then return to the ward/reception area. A quiet area will be provided for the breaking of bad news.

20.0 CLEANING AND DECONTAMINATION OF ENDOCOPES

All endoscopes are reprocessed as per the unit Decontamination Standard Operating Procedures.

21.0 DECONTAMINATION LEAD

There is a dedicated decontamination lead within NHS Lothian. The current lead is Gillian Ellis-Pow.

22.0 SUPPLIES

All orders for stock items and consumables are delivered via a top up system. Other non stock items are ordered as and when required. All items ordered are delivered to the unit.
23.0 INFECTION CONTROL

The unit has a dedicated Infection Control Nurse. There is also an out of hours Microbiology Service for advice.
Dress code- all endoscopists and nursing staff wear theatre blues.

24.0 DOMESTICS

24.1 Cleaning Service

The cleaning service is provided by contractors.

The cleaning of the unit occurs out of hours, if domestic services are required during working hours they can becontacted on 24242.

24.2 Linen

The unit has a delivery of linen each day and a number to call for ad hoc stock.

25.0 PORTERING SERVICES

All inpatients are brought to the department by a member of the trust portering staff based in A&E. The contact number is 21329.

All non-patient portering is undertaken by Balfour Beatty workforce on contact number 24242.

26.0 WASTE COLLECTION

The cleaning domestics are responsible for household waste collection only. Nursing staff are responsible for the disposal of clinical waste and disposal. Heavy items can be removed by contacting (BBWF) 24242.

27.0 MEDICAL GAS

The department is supplied with piped medical gases.

28.0 SECURITY SERVICES

All staff are issued with a security pass on induction.

The opening hours for the unit are: 7.00am to 19.00pm Monday to Friday. At all other times the unit is locked and not accessible to patients and visitors. Access to the unit outside these times is through
the security department. Emergency contact 23999. Non emergency contact 27005/27074.

29.0 FIRE EVACUATION

All staff are required to attend mandatory fire training each year. In the event of a fire on the unit, all staff follow the evacuation procedures according to board policy.

30.0 PATHOLOGY SPECIMEN COLLECTION

A pathology porter collects samples from the unit twice daily. Urgent samples will be taken immediately and marked as urgent. There is also the POD system for all routine samples.

31.0 RESUSCITATION

All staff are required to undertake mandatory resuscitation training. Nurses must be trained in ILS and other non-medical staff in BLS. Airway resuscitation equipment is available in each endoscopy room and resuscitation trolleys are available on the unit and in recovery. The trolleys are cleaned and checked on a daily basis.
## Endoscopy Daily List Plan August 2011

<table>
<thead>
<tr>
<th>Time</th>
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<th>ROOM 2</th>
<th>Room 3</th>
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<td></td>
<td><strong>Dr MacGilchrist / Dr Church (alternate weeks)</strong></td>
<td><strong>Dr MacGilchrist /Dr Church / Dr Fallowfield (alternate weeks)</strong></td>
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<td>Dr Koulaouzidis</td>
<td>Bronchoscopy</td>
<td>Dr Church (alternate weeks)</td>
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<td>Cardiology</td>
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<td>Dr Plevris</td>
<td>ERCP</td>
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**Appendix A**
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