

Scottish Renal Registry
RENAL TRANSPORT AUDIT 2008
GUIDANCE FOR STAFF

Rationale for audit

This audit is being carried out in collaboration with The Scottish Renal Registry, Scottish Renal Association and Quality Improvement Scotland. The majority of dialysis patients travel by some form of hospital transport. Transport to and from dialysis is regularly highlighted by patients and patient groups as the single most important factor affecting quality of life. We intend to use the information gathered to identify potential areas for improvement.

What to tell your patient?

Laminated patient information sheets will be issued to each unit for you to pass round to all patients.

Completing the audit form

This audit form is designed to be completed by a member of nursing staff using information gathered from the patient. A member of staff from your unit has been contacted prior to the census dates and will be responsible for the audit in your unit. They will be available to assist you if you have any questions about the audit, or need any help completing the form. They will also be able to contact Sister Anne Allan who is coordinating the audit for any further information or guidance. Contact information is provided at the end of this guidance sheet. Please ensure that all information is recorded as it is important if our conclusions are to be reliable.

Patient identification label

It is important that the patient identification label has the patient's home postcode on it. If it does not include this please add it onto the label.

Date

The selected census dates are 06/06/08 and 07/06/08. If for any reason the patient does not dialyse on either of these days complete the audit form on their 1st treatment that week.

Hospital

State the hospital the patient is receiving dialysis in. This must be the actual unit you are in, for example, if the patient is dialysing in a satellite unit it must be the satellite unit's name that is recorded and not the parent hospital.

Inpatient yes or no?

Please ensure that an audit form is completed for every patient currently dialysing in your unit. If the patient is an inpatient on the 6th or 7th of June then complete the above sections of this form and circle that the patient is an inpatient. It is important that we also receive audit forms for inpatients even if they are not using transport as we aim to account for 100% of HD patients in the audit.

If the patient provides own transport

If the patient provides their own transport they are not required to provide the following information;

- Allocated pick-up time
- Actual pick-up time
- Number of passengers
- Reasons for delay in inward journey
- Reasons for delay in pick-up time

Reasons for delay in outward journey

Please mark these questions N/A

They will be required to provide all other information requested in this audit form.

Recording of travel times

When recording travel times on the audit form you are required to use the 24hr clock.

Inward Journey

Transport Type – Circle the type of transport appropriate to your patient's journey, if the vehicle they travelled in today is not listed circle other, and specify the type of vehicle;

SAS – Scottish Ambulance Service

MPV – Multi Person Vehicle (Can carry up to 4 passengers)

SAS Mini-Bus – Scottish Ambulance Service Mini-Bus (Can carry more than 4 passengers)

Own transport – If patient drives themselves to dialysis, or is brought by a friend/family member

The following six questions relating to the inward journey should be completed using information provided by the patient. A travelling time information slip should have been given to the patient prior to today's journey. This slip should provide you with some of the information you require.

Allocated pick-up time – If your patients do not receive allocated pick-up times please mark N/A

Actual pick-up time – The exact time your patient was picked up from their home

Number of passengers – The total number of passengers in the car, regardless of whether they are dialysis patients or not

Time of arrival in unit – The exact time the patient arrives at the dialysis unit

Scheduled dialysis start time – If your unit does not have scheduled dialysis start times just note the shift start time

Time dialysis started – This should be the time the patient's actual Hemodialysis treatment commences

Reasons for delay in inward journey/reasons for delay in commencing dialysis

Please note anything you feel is of significance. If more space is required, continue on reverse of the audit form.

Outward Journey

Transport Type - Please circle the type of transport appropriate to your patient's journey, if the vehicle they travelled in today is not listed please circle other and specify the type of vehicle.

SAS – Scottish Ambulance Service

MPV – Multi Person Vehicle (Can carry up to 4 passengers)

SAS Mini-Bus – Scottish Ambulance Service Mini-Bus (Can carry more than 4 passengers)

Own transport – If patient drives themselves to dialysis, or is brought by a friend/family member

The following four questions relating to the outward journey should be completed using information provided by the patient. How this is managed will be left to the discretion of the individual units. We suggest that you ask the patient to note this information on the travelling information slip and return it on the next treatment day for you to transfer the information onto the audit sheet. Alternatively you may choose to collect the information by phone. If you are unsure of what to do, please ask the person responsible for the audit in your unit.

Time fit to go home – The time when the patient is deemed by nursing staff, medically stable to leave the dialysis unit

Number of passengers - This should be the total number of passengers in the car, regardless of whether they are dialysis patients or not

Actual pick-up time – The time that transport arrives to collect the patient from the unit

Time arrived home – The time the patient was dropped off at home

Reasons for delay in pick-up time/reasons for delay in outward journey

Please note anything you feel is of significance. If more space is required, continue on reverse of the audit form.

Are you travelling to the dialysis unit nearest to your home?

Note patients answer by circling one of the three options.

State reason for not dialysing in local unit

Please circle the option you feel is the most appropriate reason from the list provided and if other is selected then please specify.

If you use hospital transport how satisfied are you with the service provided?

Please ask the patient the following question and record the result on the numerical scale provided on the form;

If you use hospital transport how satisfied are you with the service provided (1 means you are the most unsatisfied you can imagine, 10 means you are the most satisfied you can imagine)?

Completed audit forms

Once you have completed the form please return to the person responsible for the audit within your unit. They will ensure that all forms are returned in the envelope provided.

Contaminated forms

If a form becomes contaminated with any bodily fluids please copy the information by hand onto a clean form and dispose of the contaminated one in the yellow bin. Do not put contaminated forms in a photocopier and do not send contaminated forms outside the unit.

Contact numbers

Sister Anne Allan – 01463 705334

We would like to take this opportunity to thank you and your patients for your time and for your cooperation in completing this audit form.

File	SRR_RENAL TRANSPORT AUDIT 2008 staff guidancesheet		
ver	date	author	comment
01	May 2008	AA	