


	<b>Trust Reference: C1/2020</b>	
STANDARD OPERATING PROCEDURE (SOP)	<b>Issue date: 31/7/19</b>	
University Hospitals of Leicester 	<b>Review date: 01/07/2022</b>	
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# Cystoscopy Standard Operating Procedure UHL Urology LocSSIP

## Change Description

Change in format

## Reason for Change

Trust requirement

APPROVERS	POSITION	NAME
Person Responsible for Procedure:	Clinical Director The Alliance	Dr Allister Grant
	Head of Nursing Head of Operations	Charlie Carr
SOP Owner:	Matron	Lynn Pilbrow
Sub-group Lead:	Sister – Endoscopy	Martha Tickell

## Introduction and Background:

This document outlines Local Safety Standards for Invasive Procedures (LocSSIPs) carried out within the Endoscopy service at the LLR Alliance namely:

### Cystoscopy

It is compliant with all National Safety Standards for Invasive Procedures (NatSSIPs).


The Alliance provides a cystoscopy service at 4 of the Alliance Hospitals detailed above. Diagnostic treatment is provided to outpatient referrals.

Indications for treatment are multifarious. There must be a recognised urinary symptom or group of symptoms before

Cystoscopy is performed.

Self-contained Endoscopy units within the Alliance whilst not all purpose built, are designed to improve the patient flow providing safe and private diagnostic endoscopic procedures.

The units are governed by the Joint Accreditation Group (JAG) which is a national body that provides all NHS and private hospitals with standards based around set criteria. Application for accreditation occurs on a three yearly basis. Whilst the unit design is heavily influenced by JAG, accreditation is given only if the required standard is met.

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## List Management and Scheduling

### Referral process

Paper based referral process - Usually completed by Doctors or Specialist Nurses.

minimum patient details as below:

Name

Address

DOB

Gender

S number (hospital system number – each person has a unique number)

Procedure

Source of patient i.e. in or outpatient

Allergies

Infection status

Sessions are populated by the team administrator, nursing team and/or the Endoscopist who will make adjustments if appropriate. Usually 10 patients per list. The list can be viewed on the system which is available to staff with appropriate access. Lists are printed, used in the procedure room for the duration of the session then removed and disposed of post use in confidential waste.

Changes are communicated verbally, via email and or by telephone consult. The use of abbreviations is avoided, but when accepted common abbreviations are used it is not assumed that all personnel are familiar with the abbreviations.

### Cancellations

Patients are contacted by telephone and offered the next available appointment. If unable to contact, patients are sent an appointment in writing with a 3 week notice period.

On the day patient cancellations are recorded. The next available date is offered if appropriate or recommended follow-up. The attached flow chart demonstrates how cancellations are dealt with to ensure patients do not slip through the net regarding follow-up etc. (See flowchart). Appendix 1

Lists are organised in units of 15 minute sections, with a view to undertaking 10 cystoscopies per session.


- All planned/surveillance cases are booked within 6 weeks of their due date.
- Validation of referrals and monitoring of patient bookings occur weekly with the administration team Endoscopy service manager. The process is overseen by the Alliance performance team at the weekly meeting.

Capacity and demand at all 4 sites is coordinated by the administration team supported by their manager. The team co-ordinates Urologists' list cover and flexible sessions in conjunction with the unit's Sister.

### Patient Preparation

Prior to admission patients receive an Alliance procedure booklet which describes the procedure and any preparation necessary.

Therapeutic INR should be below 1.5 as per BSG guidelines. The Trust Anticoagulation bridging policy should

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be consulted to assess the need for their anticoagulation to be stopped for the procedure. Diabetic patients are placed first on the list to reduce their fasting times and patients with other special requirement are catered for accordingly.


### Consent

Patients are consented by the Endoscopist or by a trained member of the nursing team. Consent training is provided in-house and a number of elements must be undertaken before completion of the course. The requirements include

1. Online UHL e-learning on consent and the mental capacity act,
2. Attendance of a training day on Consent provided by senior staff of UHL Endoscopy team (programme available on request),
3. Supervised practice of competence recorded,
4. Final assessment of competence recorded by Consultant/Endoscopist.
5. A register is held of any member of staff who takes delegated consent.

### Infection Prevention

- Staff will adhere to the UHL uniform policy. Scrub suits are worn when undertaking procedural room work; Long hair must be tied back and off the shoulder and all staff are required to be bare below the elbow.
- ANTT technique is used when cannulation and IV medication is administered.
- Gowns are provided and used if requested by patient choice
- Patients with known infection are scheduled for the end of the list minimising the risk of cross infection e.g. patients with MRSA infection
- Scopes are decontaminated in line with UHL policy
- Standard precautions are taken
- Rooms and equipment is routinely cleaned pre and post use and the domestic department provide a daily schedule of additional work as agreed.
- PPE is available and used when appropriate

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### Workforce – staffing requirements:

The minimum staffing allowance and skill mix per procedure is as follows-

- Cystoscopy = 1 RN, 1 HCA and the Endoscopist
- 1 staff trained in the decontamination process required for each session
- 2 x RN for admissions, recovery and discharge

These are minimal staffing levels based on JAG guidelines.

All new nursing staff will complete a local induction Training Programme. If not already working for this Trust they will also complete a trust induction and mandatory training day before commencing in post.

All nursing staff will be assigned a mentor and given an endoscopy specific competency book to work through and objectives will be set. This will be reviewed after 3 months and at appraisal annually.

Non substantive staffs are provided with the external provider overview and are required to complete the temporary staffing induction record log book.

Mandatory and essential training is identified on e-UHL staff member's personal log in and must be completed. The Sisters and Head of Service have access to their staff training records and will send reminders for anyone showing not completed.

Staff will be given the time to attend mandatory and essential to role training

Electronic rostering is provided for substantive nursing staff and is available 6 weeks in advance of time tabled shifts and is managed by the Endoscopy Sister, in line with Electronic Rostering guidelines. The system allows for unfilled shifts to be offered to bank staff or agency if required.

The Trust has an ongoing recruitment programme in which staff for Endoscopy is actively sought.

### Ward checklist, and ward to procedure room handover:

Handover is a verbal process where the ward nurse and endoscopy staff exchange relevant information concerning the patient confirming the completed checklist from the ward.

During handover of patients, endoscopy staff confirms all details of the checklist are complete and correct.


This will include

Patient name

S number

DOB

Nursing documentation is completed for every patient and include pre-assessment of medical and drug history as well as recording peri-procedural observations, the nurse will also check the referral at this point

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to make sure all details are correct.  
 Patient consent is undertaken in private room or area  
 Post procedure instructions are documented.

**Procedural Verification of Site Marking:**

N/A

**Team Safety Briefing:**

The Team Safety Briefing must occur at the start of any elective, unscheduled or emergency procedure session.  
 The endoscopist and room staff must be present when the safety briefing takes place.  
 All staff in the room will take part in the checks, they will introduce themselves to the patient, check they have the correct patient, patient notes, referral and consent form signed by the patient.  
 Appropriate management of highlighted issues will be implemented or escalation to the Matron or Head of Nursing if required.

**Sign In:**


Incorporated with time out with admission to procedure room document

**Time Out:**

Time out is the final safety check that must be completed for all patients undergoing endoscopy before the start of the procedure

- The sign in will take place in the procedure room
- The patient will be encouraged to participate where possible
- Any omissions, discrepancies or uncertainties must be resolved before proceeding
- This will be lead by the Registered Nurse
- All team members must be present and engaged as it is happening
- A separate time out checklist will be completed if there is a separate or sequential procedure happening on the same patient.

**Performing the procedure:**

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**Monitoring:**

Procedure specific positioning is required.  
 Patient trolley or bed is equipped with side rails  
 Scope is checked – eg light, air, water  
 Consumable therapeutic equipment checked before use e.g. drapes, gauze, Instillagel etc.  
 Administration of drugs e.g. Gentamycin drawn up if required and prescribed by the Urologist

**Prosthesis verification:**

Patients will be monitored pre and post the procedure and the following observed :-

- O2 Sats
- Blood Pressure
- Pulse rate
- Respiratory rate

**Prevention of retained Foreign Objects:**

Sharps used are prepared away from the patient bedside and disposed of post-use as per UHL policy.


**Labelling of specimens:**

Any specimens taken are labelled at the patient bedside. A diagram is made of the site of the specimen with a number that corresponds to a number on the specimen pot. Specimens will be labelled and checked against the patient's wristband immediately. In order to prevent mislabelling with other patients addressograph stickers, only the current patient's set of notes are to be held in the procedure room during the procedure.

**Sign Out:**

Sign out must occur before the patient leaves the procedure area. This includes:

- Confirmation of procedure/completion
- Confirmation that specimens have been labelled correctly
- Discussion of post-procedural care and any concerns
- Cystoscopy report has been completed
- Equipment problems (include in team debriefing)
- All documentation leaves the room with the patient
- Patient leaves the room only when all nursing documentation is complete

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### Handover: To recovery

Patients are taken to the recovery area where handover occurs between the nursing staff. The qualified nurse receiving the patient will be provided with

- Patient details
- Procedure undertaken
- Any concerns
- Discharge plan
- Requirement for further test eg discharge, repeat in 12 months, urodynamics

### Team Debrief:

Post procedure specific debrief is currently undertaken.  
A team debrief takes place in the procedure room at the end of the list  
A team members should be present  
The debrief includes:

- Things that went well
- Any problems with equipment or other issues
- Areas for improvement
- A named person for escalating issues


### Post-procedural aftercare:

Patients are recovered in a designated recovery area where they will be monitored for as long as is required  
All patients that undergo a cystoscopy must pass urine before discharge from the hospital.  
Currently no specimens are taken during cystoscopy in the Alliance community Hospitals.

### Discharge:

Nurse led discharge is provided before leaving the unit  
Next steps pathway advice is provided  
Patients are provided with a copy of the procedure report and information re: findings  
Advice sheets given  
Follow up explained  
Results and letter are sent to referring consultant or GP who discusses findings/report and next steps with patient

### Governance and Audit:

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Errors, incidents and near misses are reported via datix and are investigated by the local senior nursing team. Incidents rated as moderate or above are reviewed by the corporate patient safety team, and investigated and if appropriate escalated as per the Trust incident reporting policy. Duty of candour legislation is followed as appropriate. Learning from incidents is shared at the endoscopy users group, service meetings and local team meetings. Incidents that have been classified as moderate / Serious untoward incident or a never event will be shared at the CMG quality and safety board, and escalated to the Trust board.

Compliance with this LocSSIP will be monitored regularly by spot checks on the use of the team brief, sign-in checklist and team debrief and the results published regularly and discussed at the Alliance Quality and Safety meetings.

**Training:**

The SOP will be disseminated and discussed with staff at ward/unit meetings. The Endoscopy users group will be responsible for the dissemination to medical staff.

**Documentation:**

Documentation is completed in the patient case notes, nursing process and procedure book. The report will be completed on ICE.

All processes are signed at the appropriate stage of care by the individual responsible or concerned.

**References to other standards, alerts and procedures:**