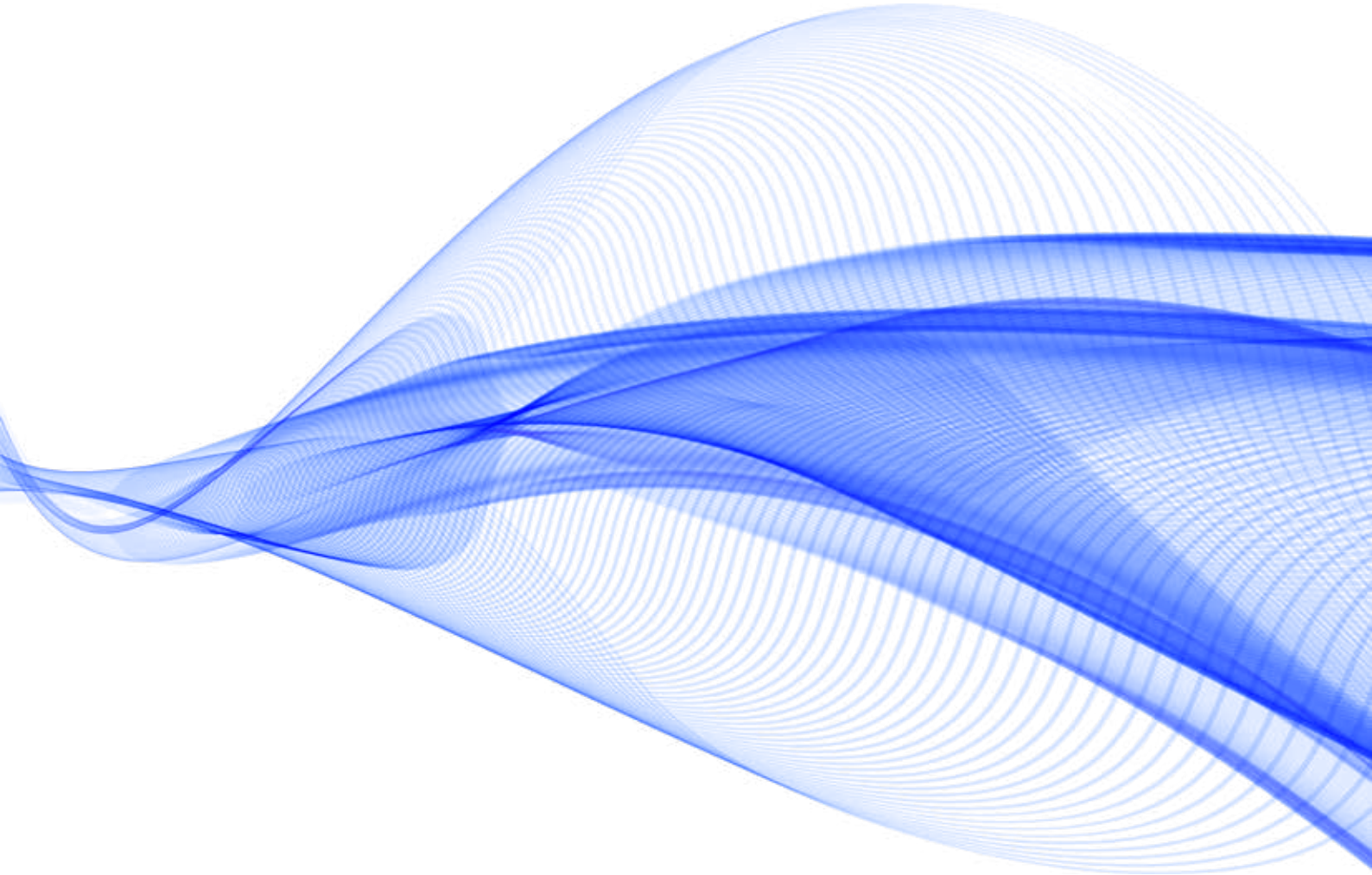
# COLLEGE HOSPITAL VISITS

## COLLEGE DOCUMENTS



The College of Clinical Perfusion Scientists of Great Britain and Ireland

# THE COLLEGE OF CLINICAL PERFUSION SCIENTISTS OF GREAT BRITAIN AND IRELAND


## GUIDELINES FOR COLLEGE VISITS TO HOSPITAL PERFUSION DEPARTMENTS

To Ensure Safety And Quality Standards

Contact: College Administrator,
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## INTRODUCTION

The College of Clinical Perfusion Scientists visits all cardiac centres in Great Britain and Ireland on a regular basis. In some cases, the decisions made by the College following a visit could have significant financial implications for the Trust / Hospital so it is essential that the process of visiting is clearly defined as well as being seen to be strictly fair.

The visiting process is not meant to be a sporadic or threatening occurrence but instead the visits constitute part of an ongoing programme of observation provided by the College to promote and maintain high standards. Hospital management must be both informed of and involved in the process so that it is viewed as a collaborative exercise.

The aims of these guidelines are to:

- Make the visiting process clear and understandable to everyone who is involved.
- Create a published document that will satisfy enquiry from outside individuals or organisations eg. the Hospital Trustees.
- Encourage uniformity and consistency in the visiting process.
- Ensure that all visitors undertake these visits as representatives of the College in a responsible manner.

Ensure that departments understand the standards that have to be met in order to achieve accreditation.

## 1. THE NEED FOR COLLEGE VISITS

The overall responsibilities of the College encompass the on-going promotion of high clinical standards in all areas of perfusion and where it is practised. The visiting process primarily concentrates upon the maintenance and monitoring of appropriate quality standards for the theoretical and practical training of student perfusion scientists, as well as best-practice in Perfusion. The need for College visits can be linked to:

1.1 The Code of Practice and the Code of Ethical Conduct as set out by the Society of Clinical Perfusion Scientists of GB & Ireland.

1.2 The Guide to good Practice in Perfusion. It is expected that the College visiting process will play a key role in the maintenance and monitoring of clinical and professional standards in perfusion. The quality agenda is linked to promoting high clinical standards in perfusion in the interest of patient safety and best practice in which to conduct perfusion and train Perfusionists.

1.3 Contact with Trainees. Hospital visits offer an important opportunity for many students to discuss matters relating to training, service provision or College policy, with members of the College Council. There should be a two-way flow of information and opinion about current College training policy during visits.

## 2. ADMINISTRATION OF HOSPITAL VISITING

### 2.1 Administration

The administration of hospital visits will be carried out by the College's administrator; contact address: The College of Clinical Perfusion Scientists of Great Britain and Ireland, The Royal College of Surgeons of England, Lincoln's Inn Fields, London WC2A 3PE, Tel: (+44) 020 7869 6891.

### 2.2 College Visitors

College Visitors are selected from Council members and a panel of experienced senior clinical perfusion scientists. Before they are eligible to join the panel, all College Visitors must attend a one-day training seminar and attend a visit, in a supernumerary capacity, as an observer.

### 2.3 The College Council

All the decisions and recommendations of the visiting representatives will be subject to approval by the College Council.

### 2.4 Quality and Assurance

All visits, both Category 1 and Category 2, will be undertaken by two visitors. This will provide consistency, assurance and safeguards, to all those involved, while avoiding accusations of prejudice, bias or favouritism. On each occasion one of the visitors will be nominated as the 'Lead Visitor'.

### 2.5 Accreditation Fee

The College will charge an accreditation fee which is deemed by the College Council to adequately reflect the amount of work involved in preparing for and carrying out an accreditation visit and the production and verification of the final report. (Details are available from the College's administrator).

### 2.6 Travelling Expenses

Each visitor can claim expenses incurred in performing the accreditation visit from the College.

The accreditation fee and travelling expenses will be claimed from the hospital by the College at the time of the report.

## 3. CATEGORIES OF VISIT

### 3.1 Routine hospital visit (Category 1 visit)

Every hospital where clinical Perfusion Scientists are practising is to be visited every 5 years, including those that have not previously been visited.

### 3.2 Special hospital visit (Category 2 visit)

Hospitals which are known to have undergone significant or rapid change, or are known to be problematic from previous visits or from communications from the relevant departments, will be visited as and when required.

## 4. ARRANGEMENTS FOR VISITING

### 4.1 Timing of visits

- For Category 1 visits the chief perfusionist of each hospital will receive an application form from the College which they should complete and return to the College Administrator.
- Following receipt of the completed application form, the College will propose 2 dates when the visit will take place. The chief perfusionist should within 1 month confirm which date the visit can take place or suggest an alternative date within 2 weeks of the original proposed dates.
- When the visit date is confirmed the CEO will be advised in writing of the date of the College's visit.
- Routine hospital visit (Category 1) At least 3 months' notice will be given of any proposed visit dates.
- Special hospital visits (Category 2) Revisits, when necessary, from 6 to 12 months, will be organised as soon as possible after receipt of the decision letter.
- Once the Application for Accreditation is received by the College and the visit date confirmed, two visitors will be assigned to perform the hospital visit. The names of the visitors, with contact details as appropriate, will be sent to the hospital.
- The hospital should complete the documentation required for the visit at least 2 weeks prior to hospital visit.

### 4.3 Information for Visitors

- Visitors must declare with the College Council any potential conflict of interest that might arise between visitor(s) and the hospital.
- The College's administrator will write to the Chief Perfusionist confirming the details of the visit and request a draft programme for the visit. Once the date of the visit has been confirmed the College's administrator will send all the relevant information to the visitors.

## 5. ROUTINE HOSPITAL VISIT

### 5.1 Information to be provided by the hospital before the visit

Personnel

- The Chief Perfusionist's contact number and e-mail address.
- If the unit is a training centre: The name and contact number / e-mail for the perfusion scientist responsible for training.

The Hospital

- The managerial structure.
- The clinical resources, workload and equipment.
- A description of procedures for appraisal and assessment

Trainee posts

- A summary of the number of trainee posts in the hospital specified by grade.
- An indication of any unoccupied trainee posts.
- The number of trainees giving their names, qualifications, grade, year of post.
- The activity of the trainees including, for example, details of typical workload, log books, uptake and funding of study leave.

Training

- The number of trainers in the hospital giving their names, grade and teaching qualifications if any.

- What clinical training resources are there? Is the level and type of clinical activity sufficient for the trainees? Is there scope for formal and informal teaching?

- A description of how training is organised within the hospital for trainees at all levels of the training programme.

- A description of any formal teaching that takes place in the hospital.

- A description of the facilities for training including seminar rooms, library, textbooks, journals, computers, etc.

Responses to issues identified at previous visit

- Resolved.
- Unresolved.
- Plan of action for unresolved problems.

## 5.2 The method of conducting the visit

Before the visit visitors will receive:

- A copy of the application form submitted by the hospital.
- The most recent College report or decision letter and any important associated correspondence.
- The list of suggested questions that the visitors may wish to ask.

All the other information and documentation relating to training, study leave, presentations, publications, etc. should be available at the hospital on the day of the visit. Visitors will need to allow sufficient time to examine this material during the visit.

Normally the visitors will be accompanied by the Chief Perfusionist. If possible it is often helpful to have an informal preliminary conversation.

It is important that the visit is conducted as a collaborative exercise designed to maintain or improve standards and patient care rather than as a threatening or confrontational experience for the local perfusion scientists. There should be a two-way flow of information and opinion.

- There should be an initial meeting between the visitors the Chief Perfusionist and anyone else who plays a major role in perfusion practice and education in order to:
    - Review all the information submitted by the hospital prior to the visit.
    - Review all the other information and documentation e.g. teaching programmes, study leave, publications, etc. Allow sufficient time for this.
- There should be confidential meetings with some individual Perfusionists and all trainees, if applicable.

- It is essential to meet and talk to as many perfusion scientists as possible and to solicit their views, rather than depending solely upon the views of one or two 'main players'. Ample time must be allowed for discussion with the perfusion scientists.

- It is important to offer to meet the Chief Executive or a representative and this is often more useful later in the day when any managerial issues may have become apparent.

- At some time during the visit the visitors need to inspect all sites where perfusion activities are undertaken, for example the catheter laboratory or a satellite unit.

- There needs to be a period when the visitors can review their findings and draw up some preliminary conclusions.

- At the end of the visit there should be a debriefing session with a representative group of perfusion scientists and other key personnel including managers if possible. This session should be used to correct any factual inaccuracies and to ensure that there will be no surprises in the decision letter. The visitors should provide constructive feedback. The good things that have been found should be given due praise. Any criticisms should be based on evidence gleaned from more than one source. The visitors must draw attention to anything that gives concern for patient safety. Hopefully a mutually agreed position about any problems can be arrived at during this meeting. The visitors should not predict the outcome of the visits but explain that the final decision about the recommendations rests with the College Council.

## 5.3 Example of a programme for a hospital visit.

08.30 Meet Head of Department to discuss plan for the day.
09.00 Meet College Tutor and Head of Training.
09.30 Examine all documentation relevant to the teaching programme.
11.00 Meet the trainee perfusion scientists.
11.30 Meet clinical director/surgical representatives.
12.30 Lunch with perfusion scientists.
13.30 Tour theatres, ITU, catheter Lab, library facilities.
15.00 Visitors prepare for debriefing.
15.30 Meet Chief Executive if required.
16.00 Debriefing session with a representative group of perfusion scientists and others.
16.45 Depart.

A separate meeting with the Chief Executive or their representative is essential if there are specific issues that require discussion and most especially if the visitors have concerns for patient safety.

### 5.4 Action when visitors identify major concerns for patient safety

If the visitors discover circumstances that give them concern for the safety of patients they have an obligation to report their concerns to the hospital's Chief Executive or their representative. This must be done before the visitors depart from the hospital and it should be recorded in the visitors' report that this was done.

## 6. THE REPORT

Most hospitals have made considerable efforts to meet the standards as set out by the College and contain a large majority of perfusion scientists who are trying to do their best for the trainees and staff alike. The report should comment upon the good practice as well as the less favourable findings so that the exercise can be viewed as collaborative rather than punitive.

An example of the visitor's report is provided as Appendix 2. It is this summary that goes to the College Council and is ultimately returned to the hospital in a decision report. The summary should identify examples of good practice and areas in which improvement is desirable. Deficiencies will normally be presented in descending order of seriousness. The 'Visitors' Report' is divided as follows into 3 main categories and can be viewed in appendix 2

### 6.1 Matters of style and presentation

- The report will be concise, precise, succinct, brief and factual avoiding repetition, elaboration, and extravagant or bombastic phraseology.
- The report will avoid value judgements e.g. 'demonic and tyrannical perfusion scientists'; 'outrageous lack of teaching'; 'the cardio-thoracic theatres are like something out of MASH' etc.
- The report will avoid unsubstantiated criticisms of named individuals.
- Evidence will be obtained from as many sources as possible.
- Conclusions will be supported with evidence ie. 'The perfusion team stated that there is a problem with...' rather than by just writing 'There is a problem with....'
- All reports and recommendations are checked for clarity and grammar before sign off.

Where possible acronyms will be avoided e.g. 'The A.B.C. plans to open a new D.E.F. unit if the G.H.I. group budget is supplemented by money from the J.K.L.M committee'.

## 7. RECOMMENDATIONS

The recommendations made by the visitors will be presented to the College Council for ratification before inclusion in the final report. The visitors should be cautious about what they tell personnel from the Hospital / Trust about the likely outcome of the visit although, if possible, during the debriefing session the visitors and the hospital representatives should agree on any outstanding issues.

The final recommendations for each hospital are devised in the context of: past performance, future plans, expectations, personnel, willingness to change, resource implications, managerial commitment etc. The recommendations must be realistic and achievable within a reasonable time frame.

### 7.1 Duration of Accreditation

- For 'x' months / years (maximum 5 years). After a successful visit, where no major issues are identified, accreditation would normally be renewed for a period of five years. However, a lesser period may be appropriate and will be stipulated in either months or years.

- 'For the time being' pending the outcome of a revisit or progress report.

- None - if a previous warning of withdrawal of approval has been issued.

### 7.2 Follow-up visits and reports

- Routine visit (Category 1) after 5 years.

- Special visit (Category 2) after a specified period.

- If issues are identified, the Chief Perfusionist will receive a copy of the decision letter saying that a progress report will be required by a specified date, normally after six months. A reminder letter will be sent before that date.

    - Invitation to discuss with the College a strategy for any recommended changes and to develop an Action Plan (see 'Action plan meetings' below).

## 8. DECISION LETTERS

- The decision letters and reports are of significant importance to the hospital and are examined in great detail by staff at the hospital.

- The decision letters and reports will be prepared using the visitors' phraseology wherever possible so as to avoid any risk of misinterpretation or misrepresentation.

- If the report is critical of the hospital or is contentious then wherever possible the visitors will have an opportunity to check the final letter and report for accuracy before it is sent to the hospital.

- In some cases, the decision letters have major consequences for the Trust / Hospital, so it is essential that the opinions and conclusions are valid, robust, reasonable and defensible.

### 8.1 Distribution of the decision letters

Once approved by the College Council the decision letter and report will be distributed to the Chief Perfusionist and the Chief Executive of the Hospital / Trust.

### 8.2 Progress Report

A report by the Chief Perfusionist may be required on the progress that the hospital has made in addressing the deficiencies, if any, highlighted by the Council in the previous decision letter. Where appropriate, the Chief Executive of the Hospital / Trust may be asked to comment upon specific issues. In certain cases, where appropriate, the option is available for Council members to confirm progress by liaison with the local Chief Perfusionist, rather than undertake a formal visit.

## 9. ACTION PLAN MEETINGS

When serious deficiencies have been identified, their resolution is rarely easy and it will normally take time to achieve change, especially when there are major resource implications. Before arranging another formal visit the College Council has found it useful to organise dialogue or a meeting between representatives of the College and the Trust / Hospital to identify ways in which the problems highlighted by the report might be resolved. The College encourages a collaborative rather than confrontational relationship with Hospitals and Trusts. In some cases the Trust will be asked to formulate an Action Plan that is agreeable to both the Trust and College, outlining the strategy for achieving change. The plan must be developed with the close involvement of the Chief Perfusionist who must be invited to the Action Plan meeting along with Trust /Hospital Management.

On occasions issues highlighted in a College report relate to service and management but the College's view is that these issues do impact on Perfusionists, patient care and safety.

An Action Plan is defined as a strategy to achieve specific change within given deadlines. Any such plan must include clarification of the aims to be achieved. It is important to ensure that the Trust / Hospital understands clearly what is required of it. The objectives and targets need to be clearly specified and given some measurable attributes. Defined standards would need to be agreed against which the level of success can be determined. Progress requires monitoring which is accurate, relevant and timely, in a form that would enables deviations from the planned standard of performance to be highlighted. Feedback from College representatives should relate to both the desired end result and the means designed to achieve them.

To assist the College representative with the above, the College has agreed a standard proforma attached as Appendix 1 for Action Plan meetings that the representative would be asked to complete. The aim of this structured reporting mechanism is to achieve a degree of consistency and to assist the representative and Trust by providing a framework for the meeting.

The appointed College representative will be asked to liaise directly with the Chief Perfusionist to arrange a mutually convenient date for the meeting, which will usually take place at the hospital. The representative and the Chief Perfusionist will both be asked to ensure that the head of department and relevant Trust management have all been invited to the meeting.

## 9.1 The Action Plan

In preparing the action plan, the College will take into account the following:

- Objective – what will be achieved by taking action.
- Priority – consider whether the issue requires urgent attention or there are other issues that need to be addressed first.
- Benefits – consider how the service and organisation will benefit.
- Timescales and milestones – consider when the actions should take place and also whether other issues need to be addressed first i.e. what are the constraints to completing the task and achieving the objectives.
- Financial and other resources – consider the financial cost of undertaking the action, as well as the implications of not taking action and identify possible sources of funding.
- Responsibility – consider who will be responsible for implementing the actions and who will be accountable for making sure this happens.
- Measuring success – what will ensure objectives are achieved and what will be used to measure successful outcomes. It will be necessary to identify a monitoring strategy to ensure there is a process for reviewing whether actions have been implemented and objectives achieved.

# APPENDIX 1

College of Clinical Perfusion Scientists of Great Britain and Ireland

Action Plan for: _____ Date: _____

Objectives: _____

| Actions | Priority | Benefits | Timescales and milestones | Responsibilities and accountability | • Financial and other resource requirements | Measuring success and monitoring arrangements |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

Signed _____ for the College

Signed _____ for the Trust / Hospital

APPENDIX 2

## EXAMPLE OF A SUMMARY OF THE VISITOR'S REPORT

**Hospital:** Viking District General Hospital, Viking-on-Sea

**Type of visit:** Routine (Category 1)

**Visitor(s):** A. Visitor
A. N. Other

Date of visit: 29 September 2009

**Visit timetable:**
Meet head of department
Discussion with College Tutor and other training representatives
Meet trainees
Meet perfusion scientists
Lunch with department
Tour of theatres, ITU, catheter suite and other facilities
Discussion with College Tutor and possibly head of department
Meeting with Chief Executive if necessary
Debriefing session

**Key persons met:**
D.Biscay, College Tutor
Head of department
Mr. D Dover, Chief Executive
6 perfusion scientists
2 trainee perfusion scientists

**Departmental Establishment:**

Total Establishment 8 WTE

| | | | | | |
|---|---|---|---|---|---|
| Perfusion Manager | Band 8c | wte 1 | In Post 1 | Vacancy | 0 |
| Deputy Perfusionist | Band 8b | wte 1 | In Post 1 | Vacancy | 0 |
| Senior Perfusionists | Band 8a | wte 3 | In Post 3 | Vacancy | 0 |
| Basic Perfusionist | Band 7 | wte 3 | In Post 1 | Vacancy | 2 |
| Trainee Perfusionists | Band 6 | wte 2 | In Post 2 | Vacancy | 0 |
| Qualified Totals | | wte 8 | In Post 6 | Vacancy | 2 |
| Trainee Totals | | wte 2 | In Post 2 | Vacancy | 0 |
| Overall Vacancy Rate | | | | | 2 |

**Service Requirements:**

3 theatres per day
900 cases per annum - 50/60 transplants ~70 adult congenital ~2/3 ECMO
On-call commitment – 1/2.5

### Brief Summary of Visit:

We were met on arrival by the Head of department. During the course of the visit we were able to have frank and open discussions with all relevant personnel. We were able to visit all clinical areas including, Theatres, CICU and catheter labs. All paper work was made freely available including equipment maintenance records and protocols. We felt able to build a picture of the department with honest and relevant testimonies from all those interviewed. The meeting revealed some areas for development that were discussed openly during debriefing at the end of the visit. These have been highlighted in the report and some recommendations for the department have been made.

## FINDINGS:

### TRAINING ISSUES:

Examples of good practice:

- Good teaching and supervision provided by an enthusiastic group of perfusion scientists.
- The trainees described the training as excellent. In particular the College Tutor is doing an extremely good job.
- A well-organised system for protected teaching during an educational half day. This valued highly by the trainees.
- Trainees are offered lots of flexibility in their training.
- Excellent training in other perfusion areas and areas within the operating theatre
- Ratio of trainees to trainers.
- Adequacy of clinical caseload for staff as well as training.
- Sub-speciality training opportunities.
- Supervision in theatres both in and out of hours.
- Compliance with Minimum Standards of Monitoring.
- Use of pre-bypass checklist.
- Quality and availability of clinical teaching by perfusion scientists.
- Quality and availability of formal teaching, study leave etc.
- Departmental meetings; audit, critical incidents, Mortality & Morbidity.
- The commitment and enthusiasm of the trainers.
- The commitment and enthusiasm of the trainees.
- Impact on training of issues such as rotas, hours of work etc.

Areas requiring attention:

- The trainees do not get an opportunity to learn other areas until the end of year 2

- Service requirements can sometimes interfere with formal training

- The accommodation for teaching is very cramped

## SERVICE ISSUES:

Examples of good practice:

- On-call supervision by the perfusion scientists is very good.
- Quantity and type of clinical material available.
- Quality of clinical environment and equipment.
- Standard of clinical care provided.
- Compliance with Minimum Standards of Monitoring.
- Use of pre-bypass checklist.
- Organisation of emergency operating.
- Adequate perfusion staff for the number of theatres operating.
- On-call for trainees. Tiers? Who co-ordinates? No unsupervised on-call.
- Concerns about patient safety.
- Effect of service pressures on training (if applicable)
- Adequacy of departmental accommodation.
- Computer / Internet access.

Areas requiring attention:

- There is a need for additional non-trainee staff to meet all the service requirements.
- Monitoring equipment on the heart lung machines is generally old and it was suggested that a rolling replacement scheme should be instituted. Does the monitoring meet the Standards of monitoring guidelines?
- Trainees are not able to visit other units and see other techniques.

## MANAGEMENT ISSUES:

Examples of good practice:

- The perfusion scientists are very appreciative of the support provided by management.
- Funding difficulties for service and training.
- Risk management policies.
- Purchaser-provider stresses and strains.
- Potential changes and problems in the future.

Areas requiring attention:

- Accommodation is a problem for the perfusion department. The perfusion scientists and trainees do not have sufficient office space. The seminar room is too small.

- There is no computer equipment.

Responses to issues identified at previous visit:

- Resolved.
- Unresolved.
- Plan of action for unresolved issues.

## CONCLUSIONS:

Very good training.
Some service problems.
Major deficiency in accommodation.

## RECOMMENDATIONS:

(a) Numbers of trainees (maximum perceived training capacity):

(b) Timing of next visit or report:

The visitors recommend to Council that a Progress Report from the department will be necessary in 6-12 months indicating whether those areas requiring attention have been resolved.