

#UKRC2015: Outsourcing - Don't Neglect Responsibility

OUTSOURCING

While outsourcing imaging services can speed up patient access and maintain timely patient treatment, it does not mean that the organisation doing the outsourcing should neglect their responsibilities for communication and governance. Julie Stevens, Clinical Specialist in Radiation Protection, Plymouth Hospitals NHS Trust, spoke about the governance requirements for outsourcing, at UKRC 2015 in Liverpool this week.

In her organisation, the Trust booked patient appointments, justified requests and sent the requests to the outsourcing company to scan. The information was returned to the Trust for reporting.

Reviewing incidents, they found issues with communication. For example, a scan was reported as incomplete, but when the patient was being rescanned it was discovered that the scan was in fact originally complete. This showed that imaging governance was not robust enough around transfer of the images themselves. There was no process to confirm the number of CDs received and sent.

A second incident was when a radiographer had to make a time critical decision due to timing of IV contrast, and decided to continue to scan covering the anomaly. However, at reporting this was documented as an unjustified scan as previous imaging had reported the anomaly. This was a reportable incident.

A third incident occurred when a follow up HRCT scan was inappropriately timed, and the scan happened unnecessarily two months earlier. The request date was overlooked at the time of booking. The issue was lack of IT access and no access to practitioner advice.

These incidents brought to the fore several governance issues that the Trust has now addressed. A more robust communication process between the Trust and the outsourcing company was needed. They needed to ensure that urgent practitioner/ justification advice for the clinical staff at the outsourcing company was available. Access to RIS and PACS and a robust data transfer method was required and policy co-operation was needed.

In 2010 the Care Quality Commission (CQC) addressed the [issue of who is the 'employer'](#) under the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER). The Trust that outsources is the 'employer'.

To address governance, the Trust made a checklist to cover foreseeable issues. Stevens concluded that organisations should consider the outsourcing unit as a satellite or adopted extension of their service. She emphasised the need to establish a clear flow of information between the two organisations, clear communication between the host and outsourcing managers and clear clinical support communication for outsourcing clinical staff.

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