

STANDARD OPERATING PROCEDURE

Spinal Outpatient Review Service

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Date written: 18/02/2022.

Date for review: 18/03/2024

1. PURPOSE

This operating procedure is to provide clear guidance for staff and managers about the Duke of Cornwall Spinal Treatment Centre's (DoCSTC) lifelong follow up of patients with spinal cord injury as per the national standards for adults requiring spinal cord injury care.

2. INTRODUCTION

This document is to clarify the process involved in providing life-long review appointments to an outpatient caseload.

3. SCOPE

This standard operating procedure outlines the frequency and process of review appointments for spinal cord injured (SCI) outpatients.

It does not apply to the following outpatient services/clinics:

- SCI Respiratory review service
- Intrathecal drug delivery system refill service
- Sexual function/fertility service
- Short Stay Assessment service
- Bowel review service
- Telephone advice service
- Discharge review service
- Orthotics service
- Musculoskeletal service
- Video-urodynamic service
- Posture & Seating service

- Bladder management service
- Cauda Equina Service
- Occupational Therapy/Physiotherapy/joint therapy interventions

4. DEFINITIONS

Spinal cord injury is an insult to the spinal cord at any level resulting in change, either temporary or permanent in the normal motor, sensory or autonomic function of the cord. As a result, causes multiple-system dysfunction including impairment of sensation, motor power, bladder, bowel & sexual functions.

5. RESPONSIBILITIES

Managing the Review waiting list	Speciality Manager, OP Nurse Lead
Scheduling outpatient review appointments/clinics and liaison with other departments/services	Booking Secretary
Maintenance of accurate documentation of clinic lists/patient details on Lorenzo for Face to Face, Telephone and Video Consultations	Admin Support Secretary Medical Secretaries
Sending appointment letters to patients, clinic letters to relevant healthcare professionals	Admin Support Secretary Booking Clerk Medical Secretaries
Ensuring availability of clinic rooms and correct equipment is stocked for Face to Face appointments	OP Nurse Lead
Preparing for clinics by reviewing patient's medical records, requesting radiological examinations	Consultants Clinical Nurse Specialist OP therapists
Arrive and depart patients for clinics on Lorenzo	Medical Secretary, Booking Clerk Outpatients Nursing team
Carrying out renal ultrasound and abdominal x-ray, If needed for patients attending Face to Face appointments.	Radiographer and Sonographer
Reporting of renal ultrasounds	Sonographer
Reporting of abdominal x-rays	Consultant Radiologist
Carrying out review appointments, recording details in the patient's medical records	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner OP Therapists
Informing patients of the results of the renal ultrasound, and of the abdominal x-ray, when available	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner
Identifying concerns that will need to be discussed with colleagues e.g. renal/bladder stone for discussion with	Consultants Clinical Nurse Specialist

Consultant Urologist	Advanced Nurse Practitioner OP Therapists
Identifying the need for further investigations and referring accordingly e.g., video-urodynamic procedure, MRI, CT	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner
Identifying the need for further Physiotherapy and/or Occupational Therapy and referring accordingly	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner
Completing outcome forms, clearly identifying when the patient's next review appointment is due.	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner OP therapists
Dictating letters to GPs/other relevant healthcare professionals, and checking them for accuracy	Consultants Clinical Nurse Specialist Advanced Nurse Practitioner OP Therapists

6. SPECIFIC PROCEDURE

6.1 Frequency of Review Appointments:

All patients discharged or referred for review by the Spinal Centre will receive life-long follow-up from DoCSTC's multidisciplinary team to prevent and manage SCI related complications.

The schedule for review of patients is as follows:

1. The patient will be reviewed by a member of the Clinical team for their follow up appointment. Following this appointment, they will complete an outcome form which will identify when the patient is next due a review appointment and who can see the patient at the next appointment i.e. Clinical Nurse Specialist/ Advanced Nurse Practitioner or Consultant
2. At future review appointments the Consultant or Clinical Nurse Specialist/ Advanced Nurse Practitioner will identify when the patient should be reviewed again. Subsequent review is based upon medical/clinical individual assessment of the patient and will be no greater than 3 years.
3. NB. All patients with a history of renal stones, bladder stones, hydronephrosis, single kidney, reflux and those managing their bladder with condom drainage should be reviewed annually with RUS and AXR. Where possible for all other patients Ultrasound should be done in the patients local Hospital.

6.2 Outcome Measures:

Spinal Cord Independence Measure III (SCIM)

SCIM will be carried out with outpatients either during a telephone call or when they attend their review appointment. SCIM will be scheduled and carried out by

OP Nursing Team with patients at the following times:

- 6 months post-injury (if an outpatient)
- 12months post-injury
- 24 months post-injury

International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI)*

ISNCSCI examination should be carried out with outpatients when they attend their review appointment. ISNCSCI will be scheduled by the secretariat and carried out by appropriately trained health care professionals at the following times:

- 6 months post-injury (if an outpatient)
- 12months post-injury
- 24 months post-injury

*Formerly known as the American Spinal Injury Association Scale (ASIA)

6.3 Procedures:

Management of the Review waiting list and informing other relevant staff	Booking Clerk
Schedule outpatient review appointments and clinics	Booking Clerk
All patients must be seen in order of clinical priority and length of wait	Booking Clerk
Patients must be offered at least two reasonable appointment dates, where a reasonable offer is a date more than three weeks from the time of the offer being made, in line with the Access Policy.	Booking Clerk
If two reasonable offers are declined for a review appointment, the patient will be discharged to their GP, in line with the Trusts Access Policy, a letter will be sent to G.P, Patient informing them of their discharge from the Spinal Centre	Booking Clerk
Maintain accurate documentation of clinic lists on Lorenzo	Medical Secretaries
Send appointment letters to patients 6 weeks in advance of the appointment date. Ask the patients to confirm their attendance within a specified	Booking Clerk

timeframe, in line with partial booking	
Liaise with Radiology regarding changes to clinic dates, number of patients scheduled/confirmed and times of their appointments	Booking Clerk
The following should be available: <ul style="list-style-type: none"> • history sheet/proformas, where used • Referral forms • patient feedback form 	Outpatient Nursing Team
Ensure clinic rooms are allocated to each clinician, managing capacity accordingly	OP Nurse Lead
Ensure that clinic rooms are stocked with the correct equipment and adequate amount of supplies, waiting list forms.	OP Nurse Lead
Nursing staff to provide chaperones for female patients who are being reviewed by a male clinician	OP Nurse Lead
A nurse will be present at review appointments where the patient is known to be volatile and/or has a history of violence	OP Nurse Lead
Undertake 'Patient Reported Outcome Measures' (PROM) if these are due e.g. SCIM	OP Nursing Team
Identify and document when the next PROM is due	OP Nursing Team
Prepare for each clinic by reviewing patient's medical records	Clinician holding the clinic
Identify plan of care/treatment from previous review appointment or discharge report and ensure this is followed-up during the review appointment. Complete Outcome form	Clinician holding the clinic
Outcome form recorded on Lorenzo	Booking Secretary Medical Secretaries
Request radiological investigations e.g. Renal Ultrasound and Abdominal X-ray prior to each clinic for those patients attending Face to Face appointments	Clinician holding the clinic
Arrive and depart patients for clinics on Lorenzo	OP Nursing Team
Carry out renal ultrasound/abdominal x-ray and any other radiological investigations that have been requested by the Clinician if needed	Radiographer and Sonographer
Reporting of the renal ultrasound to be carried out in a timely manner to ensure	Sonographer

this is available for the clinician during the patient's appointment	
Ensure patients have a copy of the 'Recommended Contacts for Guidance' document, enabling them to contact relevant members of the Outpatient Team should they encounter difficulties	OP Nursing Team
Carry out the review appointment, recording details in the patient's history sheet/ proforma	Clinician holding the clinic.
Inform the patient of the results of the renal ultrasound, and of the abdominal x-ray (if this has been reported on by a Radiologist)	Clinician holding the clinic
<p>The following will be reviewed as necessary, issues identified, and management planned accordingly:</p> <ul style="list-style-type: none"> • past medical history • other conditions/diagnoses • allergies • presenting concerns • psychological • social and housing • occupation, leisure • bladder management • renal investigations • bowel management • skin management • sexual function/fertility • pain management • spasm management • autonomic dysreflexia • fluid and diet intake • current medication • other healthcare professionals currently following-up the patient, reasons and treatment plans. • current motor function and sensations in relation to past function and sensation • wheelchair, cushion, equipment <p>NB. This is not an exhaustive list</p>	Clinician holding the clinic
Identify concerns that will need to be discussed with colleagues e.g., renal/bladder stone for discussion with Consultant Urologist	Clinician holding the clinic
If patient needs to be discussed with the Consultant Urologist, complete a 'Urology MDT Meeting' form. The form	Clinician holding the clinic

should be handed over to the OP Nursing Team who will ensure this is taken to the weekly Urology MDT Meeting	
Identify the need for further investigations and refer accordingly e.g. video-urodynamic procedure, MRI, CT.	Clinician holding the clinic
Identifying the need for further Physiotherapy and/or Occupational Therapy and referring accordingly	Clinician holding the clinic
Ensure video-urodynamic referral forms are completed and handed over to the secretariat	Clinician holding the clinic
The referral form for video-urodynamics is to be scanned in to Lorenzo	Medical Secretaries
Patient to be added to the Video-urodynamic waiting list	Central Booking Staff
Complete outcome form, following discussion with the patient, clearly identifying when the patient's next review appointment is due	Clinician holding the clinic
Ensure completed outcome form is given to the Admin support Secretary on the day of the clinic	Clinician holding the clinic
Information from outcome form to be entered into Lorenzo waiting list	Booking Clerk.
Dictate letter to the patient's GP and any other relevant healthcare professionals involved with the patient's ongoing care e.g. Consultant Neurologist	Clinician holding the clinic
Following the clinic, review the reports of investigations received e.g. radiologist's report regarding the abdominal x-ray	Clinician holding the clinic
Patients who confirm their intent to attend the appointment and who consequently DNA are removed from the waiting list. The patient and their GP are informed	Booking Clerk

7.1 FORMS/TEMPLATES TO BE USED

A History sheet is completed by the Clinician

8. INTERNAL AND EXTERNAL REFERENCE

8.1 Internal References

1. Access Policy, Salisbury Foundation Trust. (Patient Initiated Follow Up (PIFU): Appendix 3)

8.2 External References

1. Standards for Adults Requiring Spinal Cord Injury Care. Approved by the Spinal Cord Injury Clinical reference Group, 19th November 2013.
2. National Spinal Cord Injury Care Pathways, Review and Outpatient Pathway, May 2013
3. Spinal Cord Injury Centre (SCIC) Quality Indicators, October 2016