



Ultrasound examination times and appointments

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Summary

The Society and College of Radiographers (SCoR) is aware that sonographers working for some NHS Trusts, Health Boards or other Imaging Service Providers are coming under increasing pressure to reduce the time allowed for ultrasound examination appointments. In addition, there have also been instances where extra appointments have been added prospectively to a booked list as a way of compensating for patients who do not attend (DNA).

Introduction

The Society and College of Radiographers (SCoR) is aware that sonographers working for some NHS Trusts, Health Boards or other Imaging Service Providers are coming under increasing pressure to reduce the time allowed for ultrasound examination appointments. In addition, there have also been instances where extra appointments have been added prospectively to a booked list as a way of compensating for patients who do not attend (DNA).

SCoR Policy

A sonographer has a professional responsibility to ensure that the time allocated for an examination is sufficient for it to be carried out and reported on competently and for critical and urgent findings to be dealt with appropriately. This is vital for safe patient management.

It is not acceptable in terms of patient safety or staff safety to attempt to manage or compensate for possible DNAs by prospectively over-booking an ultrasound list. If there is a DNA problem, it should be addressed as indicated in the guidance below.

SCoR Guidance

Ultrasound Examination Times

The SCoR is often asked how much time should be allowed for an ultrasound appointment. This question arises most frequently in relation to requests for 'general abdominal' ultrasound examinations.

It is difficult to give a simple answer as there are so many varying factors that can affect how long a 'general abdominal' ultrasound examination will take. These include the nature of the local protocols for such examinations, departmental resources, referral source, patient mobility, support available for the scanning session and for how long a particular intensity of work can and should be maintained (Appendix 2). The experience of the sonographers is also a factor and newly qualified sonographers will need longer than experienced staff. Additional time will be required if the sonographer is to teach trainees effectively.

It is recommended that where there is concern about the times allocated for ultrasound appointments, a valid and agreed assessment of ultrasound examination times is undertaken, taking into account the above requirements and the nature, range and scope of examinations carried out in a standard list for the department concerned. All aspects of the examination should be included from the initial patient greeting and consent through to the completion of the final verified report. This should enable reasonable and sustainable examination times to be established in the light of given local circumstances, including the health and safety considerations relating to sonographer Work Related Musculo-Skeletal Disorders (WRMSD). NHS Improvement has previously published a method of assessing examination times in radiology which can be adapted for ultrasound. Details are provided in Appendix 3.

In the absence of a valid and agreed assessment of examination times for general medical ultrasound examinations that fully takes into account the local circumstances, the SCoR advises that a minimum of 20 minutes per examination is allocated.

In obstetric ultrasound, the Fetal Anomaly Screening Programme (FASP) in England has published examination time standards and recommendations for the 18w to 20w 6d fetal anomaly screening scan (30 minutes singleton, 45 minutes multiple) and NICE (National Institute for Health and Clinical Excellence) has published recommendations for multiple pregnancy (growth) ultrasound examinations (30 minutes). For the 11w to 13w 6d dating/NT scan FASP have stated that the average appointment time required to successfully date a pregnancy, perform and report a CRL and NT measurement is 20 minutes, but individual cases may take slightly longer or can take less time. SCoR expects these standards and recommendations to be adhered to.

One of the factors that can affect appointment times allowed by providers for ultrasound examinations is the NHS standard tariff. This has only two codes relating to payment to the provider organisation, either an examination of 20 minutes or less or one of more than 20 minutes. Any Qualified Provider (AQP) contracts will specify increases in tariff arising from local market forces and innovative service delivery as well as any other local variations that apply.

The role of the sonographer is, of course, much wider than undertaking ultrasound examinations and includes the daily management of the ultrasound sessions, reviewing requests, clinical audit, participation in multidisciplinary team meetings (MDTs) reporting discrepancy meetings, and teaching. These activities as well as the scanning itself need to be planned into the workplan of each sonographer, and all will impact on the scheduling of appointments.

The timings for ultrasound examinations and the workplans for sonographers also need consideration in relation to the safety of the workforce. There are significant implications for the health and safety of the sonographer workforce if examination times are reduced without assessment of the risks to the workforce of developing or exacerbating work related musculo-skeletal disorders.

Doubling up Appointment Slots

Where an ultrasound service is experiencing a problem with patients failing to present for their appointments, it should be managed using other methods such as choice of booking for a patient at a time convenient for them, pre-appointment telephone calls or reminder text messaging. These have been shown to be successful in considerably minimising DNAs and, as a result, patients arriving

for their appointments are not penalised by having to wait to be seen because of prospective over-booking of appointments. This can lead to complaints, adding to the stresses involved in managing the over-booked list. Routine over-booking also makes it more difficult to examine patients who may be referred urgently at short notice and who sonographers need to accommodate.

Advice is available from NHS Improvement on how radiology services (including ultrasound) can be designed and managed to deliver high quality and efficient services, avoid a mismatch between capacity and demand and improve flow. If this is not done effectively it can lead to situations where inadequate times are allowed for examinations and unacceptable practices such as 'double booking' are introduced in order to compensate for DNAs. The NHS Improvement website can be accessed via www.improvement.nhs.uk/diagnostics and provides a wide range of relevant information, including case studies and service re-design documents.

Appendix 1: Further information

<http://www.sor.org/learning/document-library/work-related-musculo-skelet...>

(This document contains further advice on examination times including references to FASP and NICE recommendations, section 2)

<http://www.sor.org/learning/document-library/ultrasound-examination-leng...>

<http://fetalanomaly.screening.nhs.uk/> (Fetal Anomaly Screening Programme, England)

<http://www.hse.gov.uk/healthservices/management-of-musculoskeletal-disorders-in-sonography-work.pdf> (links to a 2012 Health and Safety Executive document).

<http://www.sor.org/learning/document-library/guidelines-professional-work...> (Pages 15 and 16)

<http://www.rcr.ac.uk/publications.aspx?PageID=310&PublicationID=375> Standards for the communication of critical, urgent and unexpected significant radiological findings, 2nd edition, 2012. Royal College of Radiologists.

(all Web links accessed 1st March 2013)

Appendix 2

Subject to local variation, an ultrasound examination consists of:

Greeting patient and sonographer introduction

Explanation of procedure

Obtaining consent (usually verbal)

Preparing patient and assisting onto couch as necessary

The examination itself including extending the scope of the examination if found to be clinically necessary and recording images to PACS

Assisting patient off examination couch

Responding to questions from the patient, and explanation as to when and where results can be obtained

Aftercare and closing comments

Preparing and verifying the report

Acting on critical or urgent findings as necessary.

Some factors that may affect ultrasound examination times:

Experience of the sonographer
Teaching others (good quality teaching will require extra time)
Whether the support of an assistant is available or not
NHS standard tariff
Patient mobility, age of patient
Familiarity with equipment (if new to the sonographer)
Quality of the equipment
Room design
Availability of support from other experienced sonographers, or an ultrasound radiologist
Clinical questions asked (eg is a full upper abdominal and pelvic scan including transvaginal scan likely to be needed)
Local examination protocols
Overall pattern of bookings during the session
Working methods (eg two sonographers doing alternate cases; a single sonographer with an assistant; a single sonographer working alone)
How long a particular intensity of work can be maintained
Sonographer work related musculo-skeletal disorder avoidance practices.

Appendix 3: NHS improvement. Examination times assessment tool

Please see below which shows the full pathway:

<http://webarchive.nationalarchives.gov.uk/20130221101407/http://www.improvement.nhs.uk>

Then click on NHS Improvement, diagnostics.

Then click on radiology improvement in list on left

Then Improvement toolkit in list on right

This will open up a download PDF box.

Open Radiology Section A as a PDF. It is Challenge 4.

The example given is CT but this applies to all.

See also Radiology Appendices, Appendix 2. Exam timings.

Appendix 4: Information from Scotland

<http://www.scotland.gov.uk/Publications/2008/02/25091928/12>

<http://www.scotland.gov.uk/Publications/2007/03/22084426/37>

<http://www.scotland.gov.uk/Publications/2006/05/08092113/6>

"Patient Focussed Booking Implementation Guide" (2006)

<http://www.scotland.gov.uk/Publications/2003/09/18035/25476>

"Managing waiting times" guidance.

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