

Consultancy
- not just another job
- a Commitment



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Aims of Session

- Role of the Consultant
- Rationale for Role Development
- Identify how new roles have been developed to improve patient care and flow management of patients in Accident and Emergency.
- Where next - building on developments

Role of Consultant Radiographer

- Independent practitioner - expert in field
- 'Gold Standard' Radiology reports
- Personal and professional autonomy
- Significant clinical leadership
- 50% clinical practice
- Teaching, audit, research and CPD
- Drive changes both within and across organisations
- Work in conjunction with Universities

Expert Clinical Service



- Provide consultancy
- Develop and deliver new specialist services
- Develop clinical expertise of staff
- Lead the selection and design of audits
- Use expertise in an enabling and empowering way

Modernising Services



- Lead change in how services are delivered
- Politically aware
- Innovative and Creative
- Knowledge of patient pathways
- Communicates visions
- Manages change

Training, Education & Learning



- Lead development of learning culture
- Supports service development
- CPD
- Shares skills with others
- Influences design and development of national / international AHP education
- Fosters an inclusive environment

Developing Research



- Ivory tower to coal face
- All clinicians are researchers
- Reflective practice
- Dissemination of findings

Strategic and Professional Leadership



- Required for all 4 competencies
- Vision
- Collaborate and influence
- Deliver change
- Confidence, courage, resilience, risk-taking
- Credibility

*Improving Services to A&E
Department through Role
Extension in Radiography*

A&E Reporting

- National shortage of Radiologists
- No 'hot' reporting service for A&E images
- Delays in reports of > 1 month
- Limited training of A&E Doctors
- Introduction of Emergency Nurse Practitioners
- Inappropriate management & time delays

The 'Old Way'

- Patient x-rayed
- Radiographer checked images
- 'Red dot' on image if fracture
- If in doubt ? on red dot
- Patient returned to A&E
- Report followed



CHANGE

Reporting Radiographer

- Post Grad Course in Image Interpretation
- Robust Protocols
- Continuous Audit
- Radiologists relief

The 'New Way'



- Patient x-rayed
- Radiographer checks images
- Red dot if fracture
- if in doubt ? on red dot
- Patient returns to A&E
- Report follows

Inspiration

Motivation



*'As diagnostic radiographers our
role is limited to simply taking
images of whatever is requested
on the x-ray form'*

Radiographer statement in Victoria
Climbie Enquiry

‘How is introducing a reporting radiographer going to benefit patients and support the A&E Department ?’

A&E Consultant, Lancaster - 2000



CHANGE

Developing a New Service

- Secondment
- ‘Hot’ Reporting A&E Images
- Radiographer Opinion Slips
- Teaching, Mentoring, Supporting
- Individual Education Plans
- Monthly audit

The 'New Way'

- Patient x-rayed
- Radiographer views images
- Culture of enquiry established
- 'Hot Report' or written opinion
- Patient returns to A&E
- PACs allows multi-staff access to images
- Out of hours images reported next working day

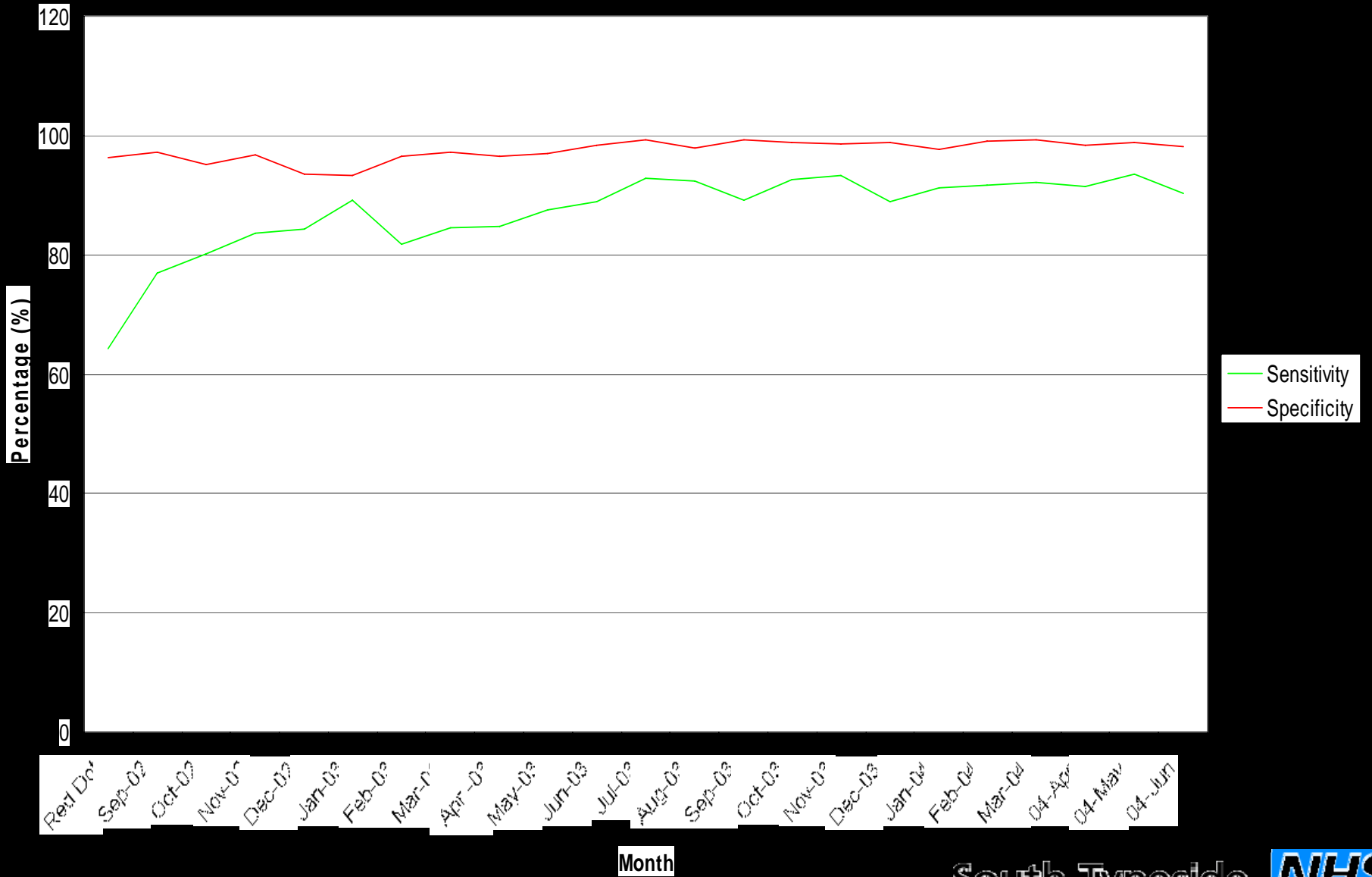
Improved Service to A&E

- immediate reports
- less false negatives
- reduced waiting times
- improved patient care
- legal implications
- training A&E staff
- continuity of care
- improved relationships
- increased job satisfaction
- improved image quality

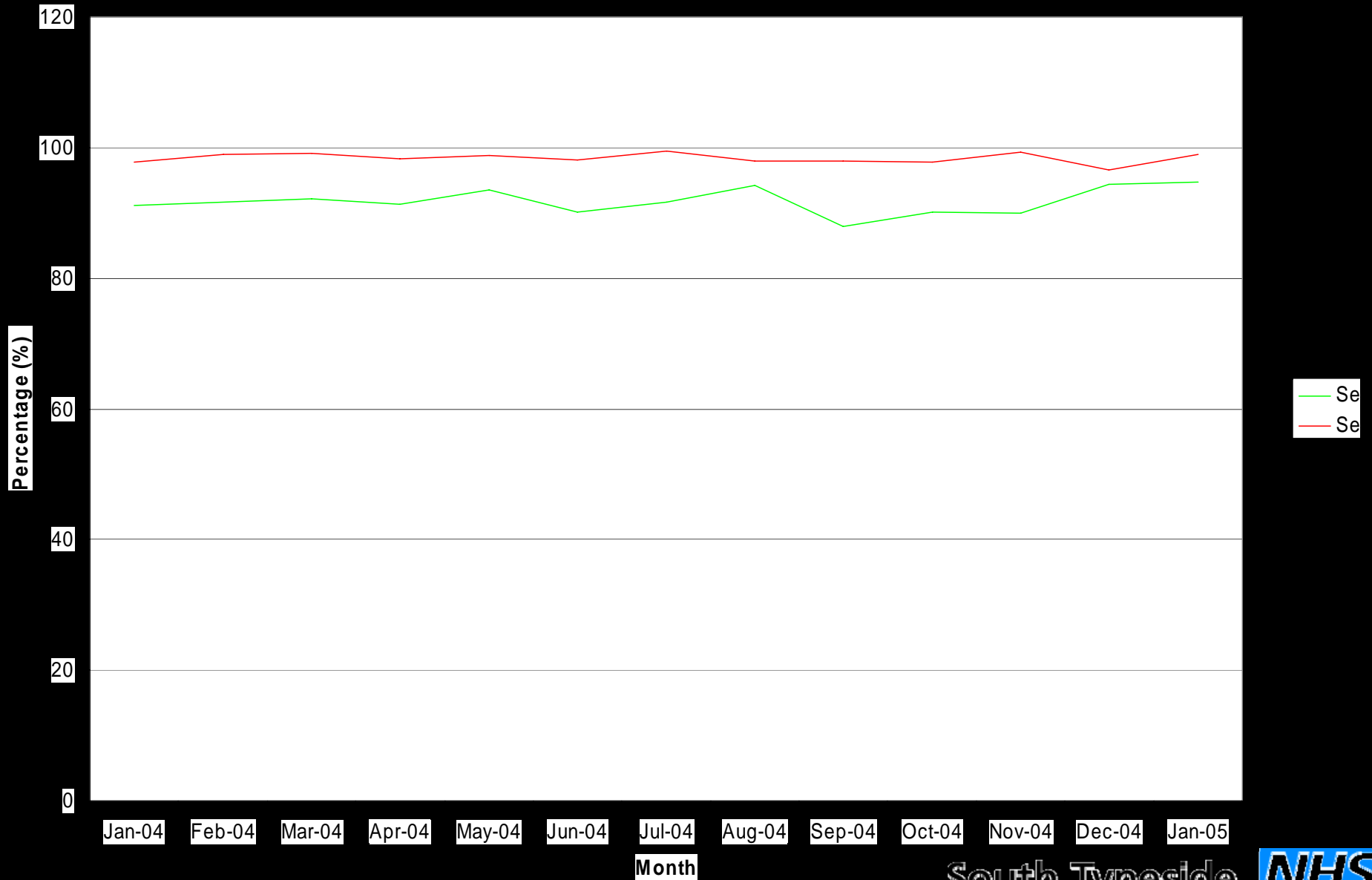
Facts and Figures

- Radiographer sensitivity 65% -> 95%
- Radiographer specificity 96% ->98%
- Missed fractures 7.3% -> 1.2%
- Waiting Times
 - Reduced by over 1 hour
 - Breaches reduced by over 50%
 - Unplanned returns to A&E reduced by 60%

Radiographer Sensitivity and Specificity



Radiographer Sensitivity and Specificity



The Wider Team



- A&E Nursing Staff
- Physiotherapy
- Podiatry
- Occupational Therapy
- Specialist Registrars

Why has it Worked ?

- Improvements led by frontline staff
- Cross boundary working central to changes
- Training, audit, feedback and support
- Ownership of changes
- Feel good factor
- Responsibility

Where Next ?

- New patient pathways- a multidisciplinary approach
- Radiographers -> M.I.N.T course
- Radiographer led discharges for minor injuries
- Building a Vision for Emergency Care
 - Empowering Partnerships.

Thankyou



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