**Portering [QSI Ref: XR-304]**

**Descriptor:**

The portering needs of in-patients.

**Background:**

Knowledge of the availability, dependence and special needs of any patient prior to bringing them to the Department of Clinical Radiology is essential to:

• Enable efficient planning of lists

• Make the most efficient use of portering staff

• Ensure that the correct number of porters is available for each transfer

• Avoid wasted porter visits to wards

• Decrease patient waiting time in the department (especially for very ill patients)

• Improve relationships with the ward staff

• Speed up the overall processing of in-patients

• Empower the hard working portering staff

• Enable a seven day service. Ref.1

## The Cycle

**The standard:**

On all occasions when in-patients, both urgent and routine, require transfer to the Department of Clinical Radiology, the patient should have their portering needs correctly identified and should be transferred on time and effectively.

**Target:**

90%

## Assess local practice

**Indicators:**

Percentage of occasions when in-patients require transfer to the Department of Clinical Radiology, in which the patient has their portering needs correctly identified and is transferred on time and effectively.

**Data items to be collected:**

For each occasion when an in-patient is required to be transferred to the department, portering staff prospectively record the following details:

• The referring clinical area

• The time of planned transfer

• Actual time of transfer

• Whether a correct transfer assessment is judged to have been made including correct evaluation of the following:

a. Mode of transfer (e.g. bed/chair)

b.Oxygen requirement (i.e. Y/N)

c. Any relevant infection history (i.e. Y/N)

d. Nurse required to accompany (i.e. Y/N)

• Whether the patient was transferred on time and effectively

If a correct assessment was not made or the patient was not transferred on time and effectively, classify the problem encountered from the following list:

• The patient was unavailable (e.g. in physiotherapy)

• The patient was unfit for transfer

• The patient status was incorrect (e.g. bed not chair required)

• A nurse was required to accompany patient (e.g. on oxygen) and was unavailable

• Other

**Suggested number:**

Over a one week period, during normal working hours, all patients requiring transfer to the department by the portering staff.

**Suggestions for change if target not met:**

• Institute regular telephone assessment of portering needs of in-patients prior to transfer

• Request more portering information on request forms for in-patients

• Publish the audit results by clinical area and discuss the results with nursing and Department of Clinical Radiology staff

**Resources:**

- Ongoing data recording

- Porters (1 hour each day for 1 week, for recording data)

- Radiologist (1 hour)

**References:**

1. Implementing 7 day working in Imaging Departments: Good practice guidance. A report from the National Imaging Clinical Advisory Group. Jan 2012.

**Submitted by:**

Taken from Clinical Audit in Radiology 100+ recipes RCR 1996, updated by CRASC 2007, updated by CRAC 2012 & 2016, and Dr Mehotra 2020

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