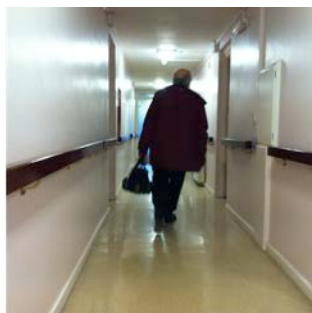


The Bag

Uses a bicycle pannier that fits a rack on his bicycle. The bag was specifically bought because it could fit all the equipment the doctor needs when on call. The doctor typically carries the bag by its handles on one hand.



Bag contents

<p>TEST KITS - Blood sample kit</p>	<p>DRUGS BOX - Lockable</p>	<p>CONSUMABLES - Syringes - Gloves - Lube</p>	<p>DOCUMENTATION / REFERENCE MATERIAL - British National Formulary (BNF) - Controlled drugs records (phased out) - AZ maps Bristol and Bath - Prescription pad - Mental state test - Sick notes - Envelopes</p>
<p>MONITORING EQUIPMENT - Sphygmomanometer - Thermometer - Otoscope - Stethoscope - Oximeter</p>		<p>OTHER - Mouth to mouth mask - Torch - Scissors - Pen</p>	

<p>Monitoring equipment</p> <ul style="list-style-type: none"> • Stethoscope • Sphygmomanometer • Thermometer 	<p>Test kits</p> <ul style="list-style-type: none"> • Blood sample kit
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<ul style="list-style-type: none"> • Otoscope • Pulse oximeter 	
Documentation / Reference material <ul style="list-style-type: none"> • BNF • Controlled drugs records (phased out) • Prescription pad • Mental state test • Sick notes • Envelopes • A to Z maps 	Drugs <ul style="list-style-type: none"> • Lockable drugs box, unknown contents
Consumables <ul style="list-style-type: none"> • Syringes • Gloves • Lubricant jelly 	Other <ul style="list-style-type: none"> • Mouth to mouth mask • Torch • Scissors • Pen

Visit cycle summary

Dr Jewell goes on 4 or 5 visits per week normally; almost every doctor in the surgery has the same volume of patients.

The process begins when a patient makes a call asking for a home visit and the receptionist takes notes about the complaint. Dr Jewell explained that the level of detail he receives from the receptionist is low, however he would only call a patient back if he thinks the patient does not need a visit.

In this surgery the receptionists allocate the visits to the respective GPs, but the volume of patient can sometimes be very high or a GP may not be working on a particular day so the duty doctor may allocate or divide extra visits among the GPs.

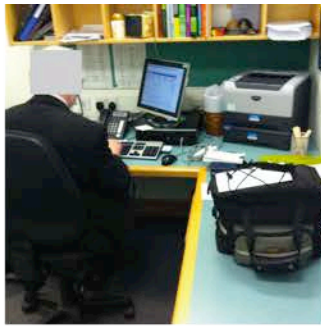
- We visited a total of 2 patients
- The visit cycle took around 2.5 hours.
- First patient had phoned an ambulance prior to the GPs arrival
- A drug ampule was dropped and broken while preparing to administer a pain killer on first patient, this forced doctor to go back to surgery for replacement ampule
- Second patient was unusual since it was a relatively young patient, visit went without complications
- Extra admin work was needed back in the surgery to deal with the first patient's ambulance call and resulting hospital admission

Visual process map

STEP KEY



PREPARATION



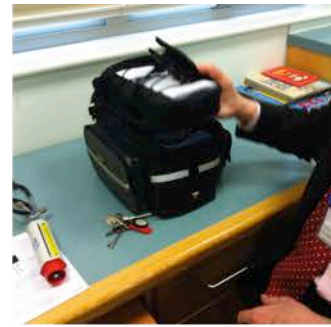
0. Check patient details

- Notification of scheduled patient visit is received in computer
- GP goes over presenting complaint and record
- Won't call patient unless GP thinks a visit could be avoided



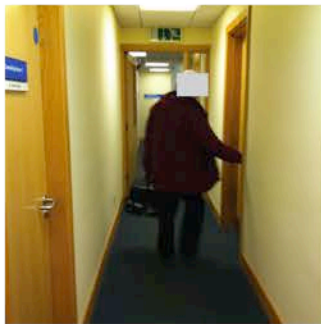
1. Planning route

- GP plans route using local map book



2. Preparing bag

- GP puts tongue depressors in bag that will be needed in visit
- Adds patient notes printed by receptionist on top of the bag



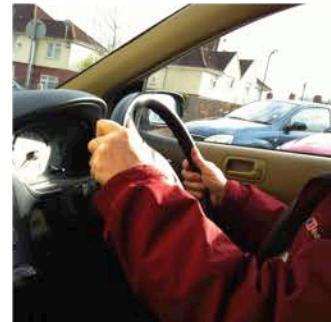
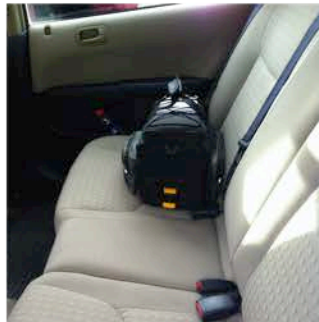
3. Leaving the surgery

- GP locks his office and starts walking to car park



4. On the move

- Bag is placed on the back seat

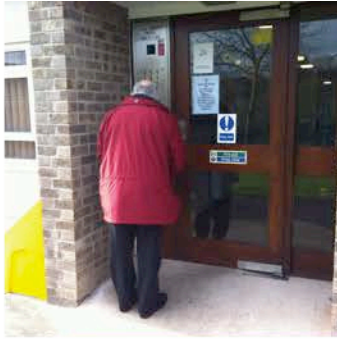


5. Navigating

- GP starts navigating using the information he gathered from the map book

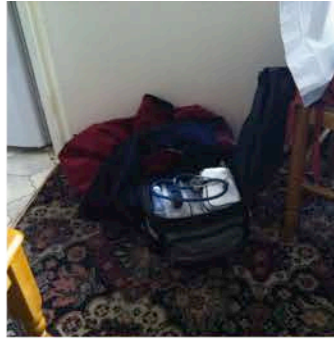
EN ROUTE

FIRST PATIENT

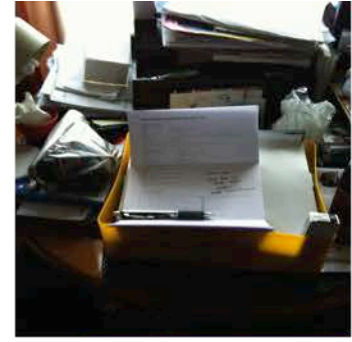


6. Arriving at first location

- GP carrying bag on one hand and notes on the other rings bell and reads patient's name on notes

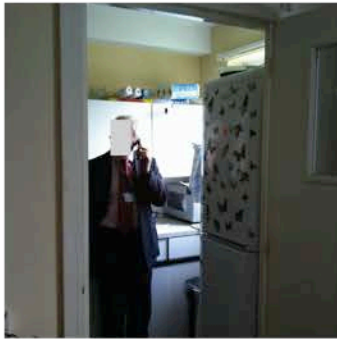


- Once inside patients home GP leaves bag on floor
- Takes coat off and places on top of bag



7. Assessing

- Talks to patient to understand the problem
- Patient asks for pain killer
- Scribbles notes on print-out
- Places notes on table
- Palpates patient to assess pain



8. Calling hospital

- After performing a test with a tendon hammer, the patient asks again for the pain killer
- GP on the phone with hospital asking for admittance of patient
- Scribbles notes



9. Preparing shot

- GP bends over to take out items for preparing an injection



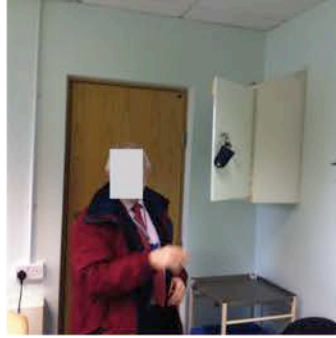
- Struggles to find a laydown space
- Puts box in small place on table but falls to the floor and breaks the injection ampule



10. Back for another ampule

- GP only had one shot so needs to go back to surgery for another pain-killer

EN ROUTE

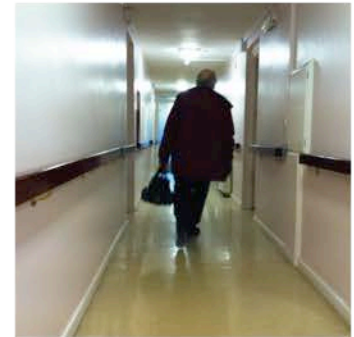
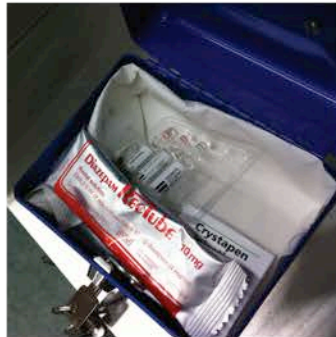


11. At surgery

- GP goes in surgery to drugs room
- Places bag on surface

- Takes drugs from lockable case

- GP takes items out of bag to get what he needs (broken ampule)



- Takes broken ampule out of drugs box and disposes of
- Takes all other items out to clean the box

- Places items + new ampules in box
- Puts box and other items in bag

- Back to the patient, bag on hand



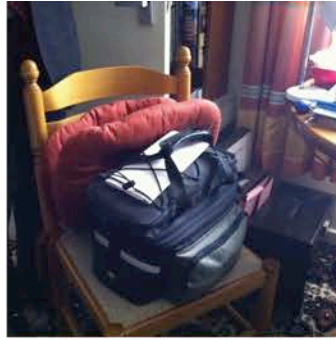
12. Drive back to patient

- Places bag in back of car
- Drive off

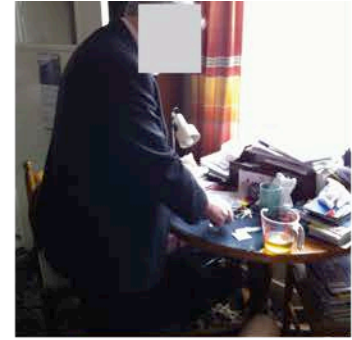


13. Back at patient's home

- Rings bell
- Holds bag on hand

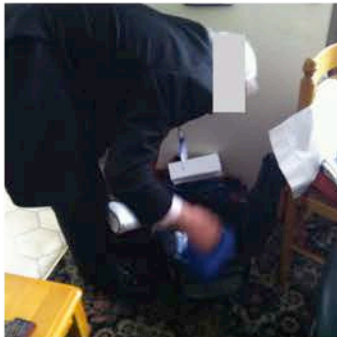


- Walks in patient's home
- Places bag on chair
- Table has been tidied up this time
- Uses table to prepare shot



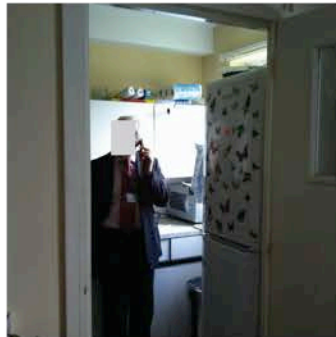
14. Delivering painkiller

- GP administers shot on patient leg
- Saves sharps in box to dispose of later
- Needle packaging thrown in patient's bin



15. Storing items

- Puts items away but needs to take stuff out first to organise properly

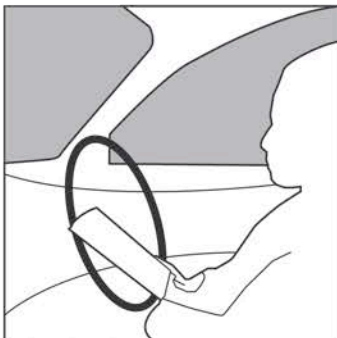


16. GP calls ambulance

- Ambulance hasn't arrived yet so GP makes a phone call to find out more details



- GP takes notes from call and explains situation to patient and carer
- Gives note to carer
- Puts coat on and we move on



17. Next patient notes

- Inside car, GP checks patient notes to retrieve address

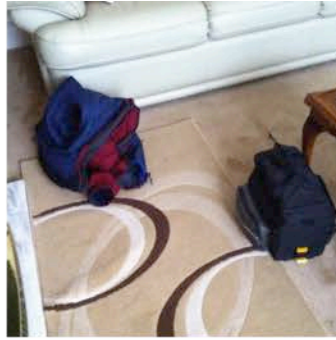


- Navigates to patient's home



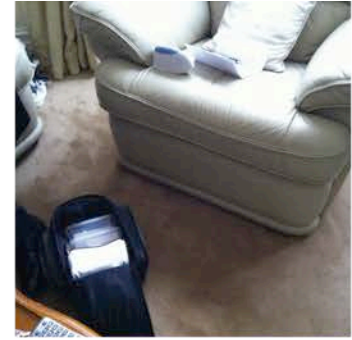
18. Arrival

- GP rings bell with bag and notes on one hand



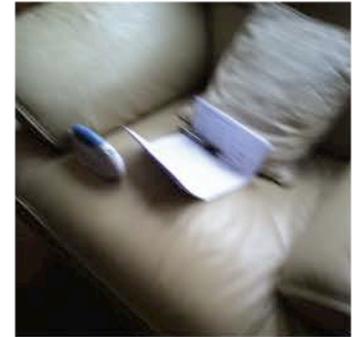
19. Assessment

- Patient's son greets Dr and walks him to patient
- GP drops bag and coat on floor
- Starts talking to patient



20. Performing observations

- GP drags bag to bring closer to him
- Takes kit out to perform obs
- Takes temperature
- Places items on couch
- Takes steth, uses, places back in bag

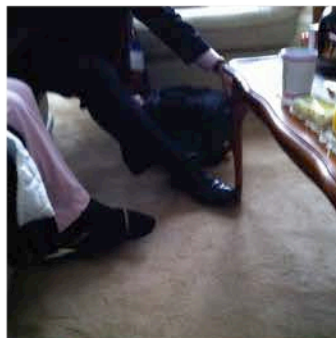
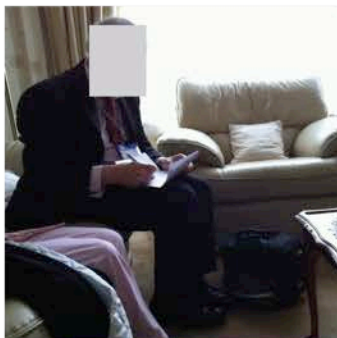


21. Cleaning equipment

- Chats with patient and asks to explain symptoms

- GP continues obs
- Takes otoscope and light, uses, places on table
- Uses tongue depressor

- GP walks out of the room, goes to kitchen to clean otoscope and dispose of tongue depressor



22. Continues assessment

- Comes back and talks to patient
- Takes notes while chatting

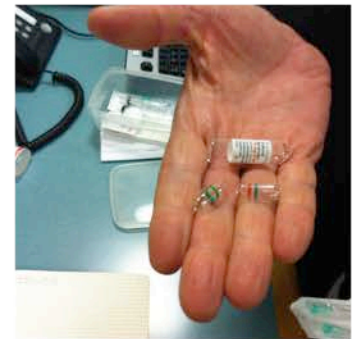
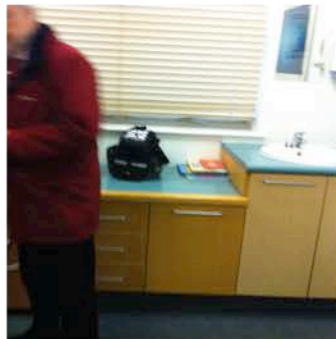
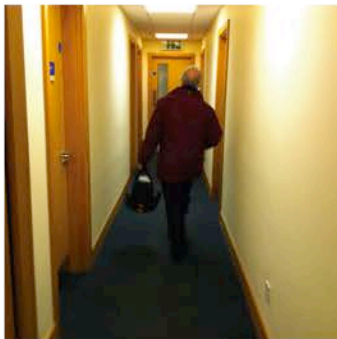
23. Prescription

- Takes prescription pad and A-Z to write a prescription
- Hands prescription to patient
- Puts all things away
- Puts coat on
- Move on



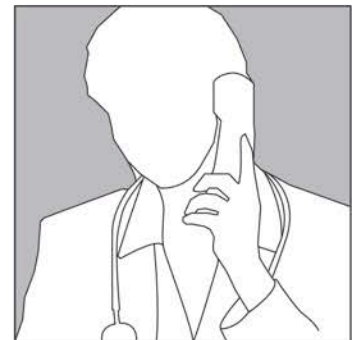
24. Back to surgery

- Driving back to surgery
- GP receives call on mobile, stops car but missed the call
- Drives off
- Gets a message on phone
- Stops to listen, it's the ambulance service
- Hangs up, continues driving towards surgery



25. Back in surgery

- GP walks towards cubicle with bag on hand
- Places bag on surface
- Takes coat off
- Starts taking out some items
- Takes clinical waste, and sharps out of plastic box



26. Clinical waste

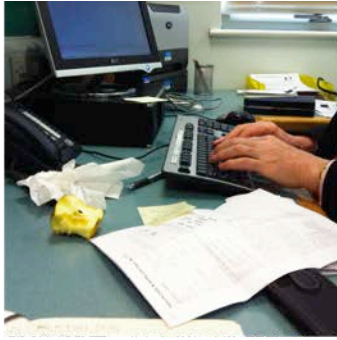
- Places clinical waste in sharps box located on shelf above his desk

27. Removing items from bag

- Takes notes from bag
- Closes bag and leaves on surface

28. Dealing with message

- GP on the phone to sort out the message received earlier
- Ambulance service asking about drugs administered to patient



29. Paperwork

- GP logs into PC system and starts recording visit details from notes taken
- Starts preparing fax for hospital receiving ambulance patient

- Has a special bin for confidential waste, here he places the printout with patients notes
- Little bin was full, emptied in larger bin in corridor

- GP walks to assistant's desk to send fax off to hospital

Gladstone bag

At the end of our session, Dr Jewell showed me an old Gladstone bag that he had made for himself. He recently replaced it with his current bag because he felt the kit inside and the bag were getting dated. He explained that the Gladstone bag was very good for holding all his kit but lacked a few compartments, he liked the fact that he could open it up and immediately see what's inside.

