

# **Society for Vascular Technology Professional Standards Committee (PSC)**



## **Repetitive Strain Injury (RSI) Survey 2011 Final Report Part One November 2012**

### **INTRODUCTION**

In the autumn of 2011 the Society for Vascular Technology (SVT) Professional Standards Committee (PSC), invited all its members to take part in a web-based survey to investigate the problem of work related repetitive strain injury (RSI). In November 2011 at the SVT AGM in Brighton a preliminary report was presented on behalf of the PSC. This document is the final report of part one to that survey.

The survey was in two parts; part one was answered by the head of service and part two was answered by each member from an individual view point. Data was collected regarding workforce, workload, equipment and the incidence of RSI. The aim was to identify risks that perpetuate and cause RSI and to suggest possible solutions that would reduce incidence and severity of RSI.

All members on the SVT email database were invited via email to take part in the web-based survey (Kwik Surveys). The first question identified the heads of service. Each department was assigned a unique number and only one person from each service could answer as head. The heads of service could then complete part two of the survey answering in their own right as an individual member.

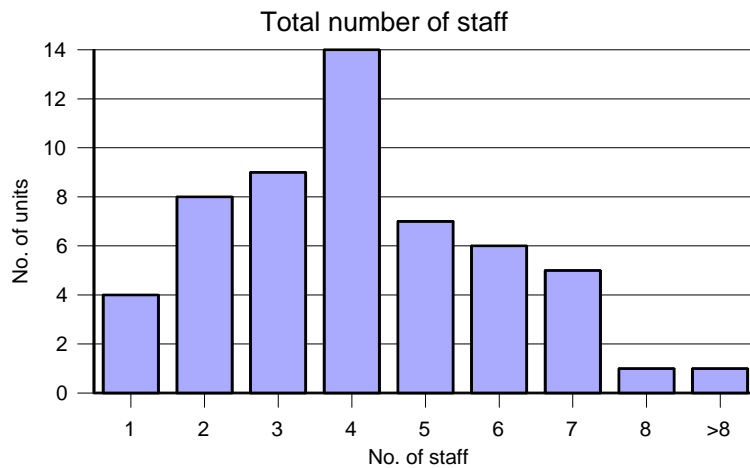
The survey was conducted on the basis that whilst responses would be traceable for the purposes of analysing data and ensuring consistency, the final publication of data would be anonymous both for departments and individuals. This was to enable respondents to be open in their responses and ensure they could express their views freely. To this end, a number of the respondents were contacted by email during the analysis to clarify data given, where there was some apparent confusion as to what was meant. We therefore believe that the data presented is as robust as was possible from the format of the survey.

## PART ONE

### SUMMARY OF HEADS OF SERVICE SURVEY

There were 55 responses to the heads of service survey this was approximately a 50% response rate.

#### STAFFING



The total number of staff reported was 244. The majority of departments provide a service with 4 members of staff and there are 4 units running single-handedly. Of these 244 staff, 206 were reported to be experienced members of staff, split into 137 full-time and 69 part-time (mean 0.58 whole time equivalent). The remaining 38 were reported to be trainees (those who are scanning with assistance or who are having their reports counter signed).

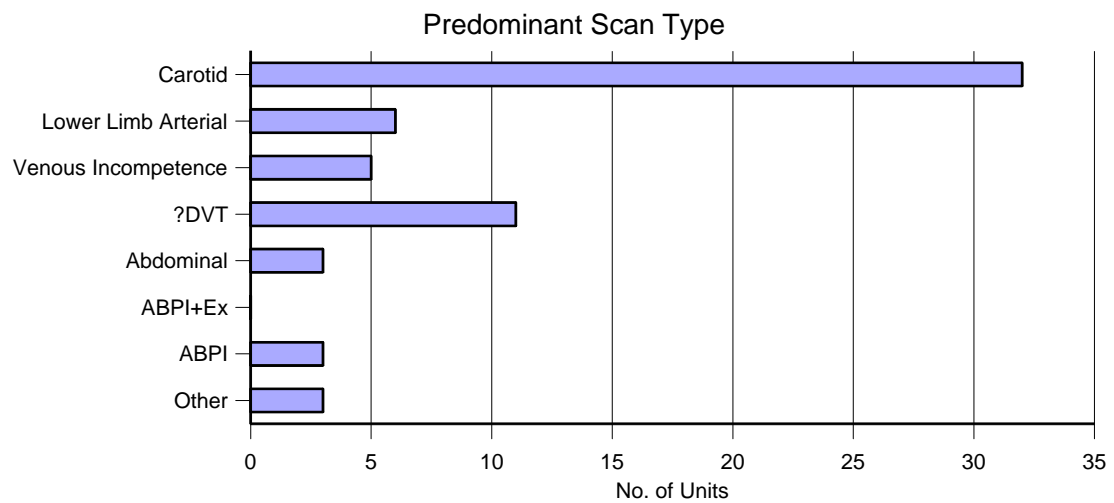
49% of departments reported that they have a trainee.

8 departments reported having no full-time staff i.e. service being provided by part-time staff only.

31 of staff members reported as working in vascular departments were not a member of the SVT.

## WORKLOAD

### SCAN TYPE/MODALITY

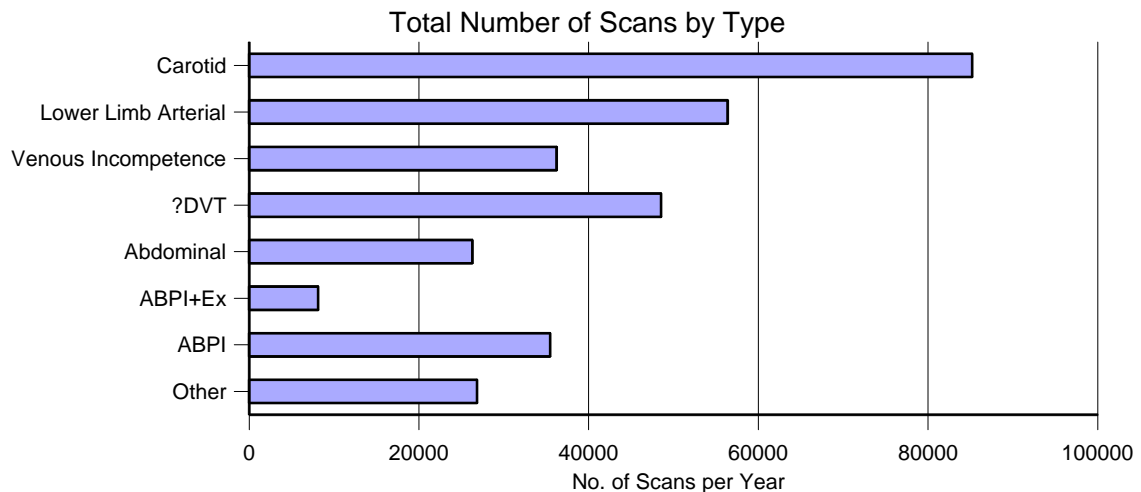


The most predominant scan type/modality performed was carotid, followed by lower limb venous (DVT > insufficiency).

The percentage of patients per year requiring more than one scan type from 48 valid responses was 17.6%.

91% of departments have mixed scan type/modality sessions. The remaining 9% reported that they did not have mixed sessions. It was commented that where one-stop clinics were in place, these were often scans of a single type.

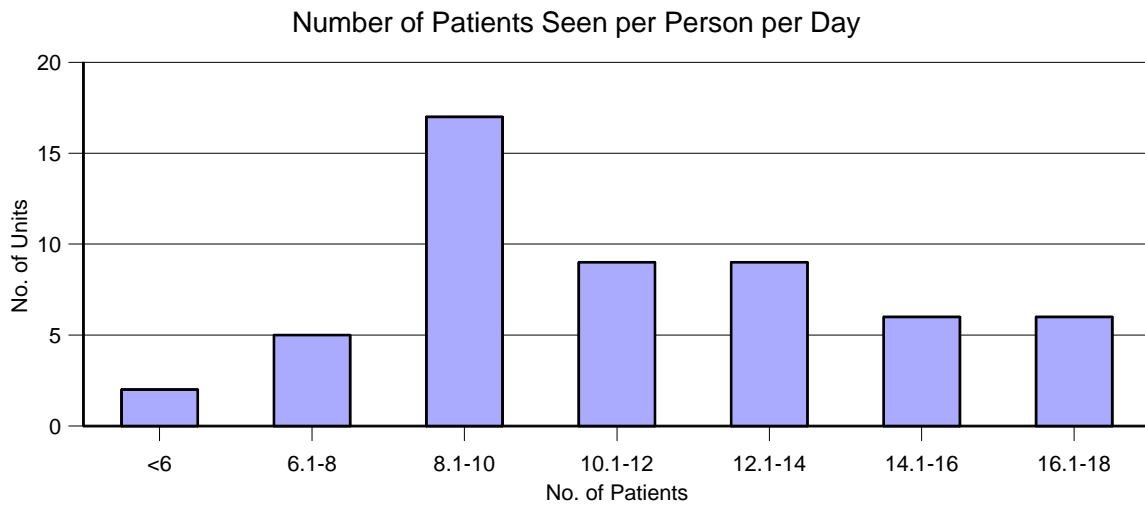
### DEPARTMENTAL SCAN NUMBERS



Over 300 000 scans are reported to have been performed in a year from 55 respondent departments across Great Britain and Ireland over 80 000 of those were carotid scans and just under 60 000 were lower limb arterial duplex.

## INDIVIDUAL SCAN NUMBERS

The number of patients (not scan type) seen per day by an experienced staff member were reported:



The mean number of patients seen per day by an experienced scientist is 11.9 e.g. approximately 12 patients per day (6 patients per session).

## SCAN TIMES

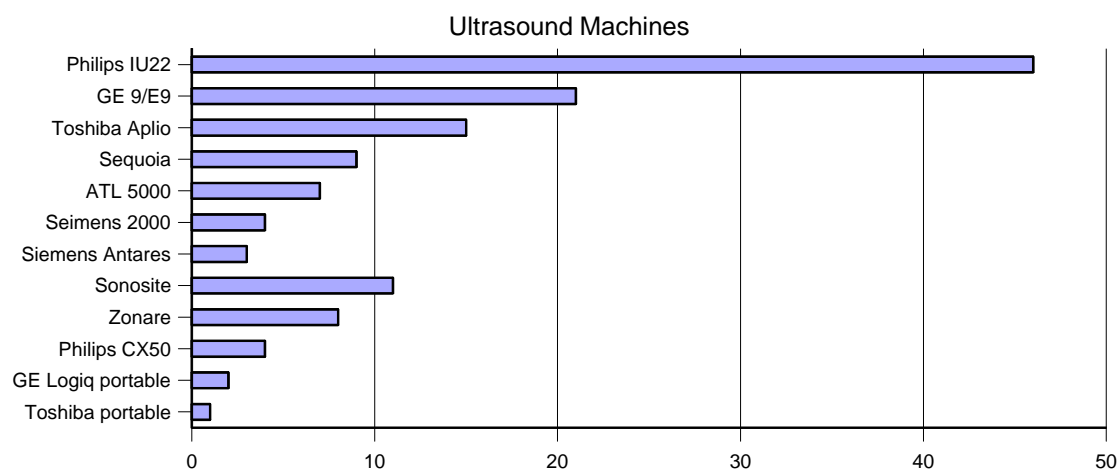
The time allocations for each scan modality (including reporting) were reported:

	Max	Min	Mean
Carotid Duplex	30	10	26
Lower Limb Arterial Duplex (bilateral)	60	20	48
Lower Limb Venous Duplex for Incompetence (bilateral)	60	20	42
Lower Limb Venous Duplex for DVT (unilateral)	30	10	24
Exercise Ankle Brachial Pressure Index (ABPI)	50	15	27
Resting ABPI	30	10	18

The range of time allocations may be reflective of overall staff numbers and trainee numbers within the departments

## MACHINES

The total reported number of machines in use was 162



Top three dedicated ultrasound machines were:

1. Philips IU22
2. GE9/E9
3. Toshiba Aplio

Top three portable ultrasound machines were:

1. Sonosite
2. Zonare
3. Philips CX50

## ACCESS TO PHYSIOTHERAPY

Only 59% of respondents said they had access to physiotherapy resources, either directly, through Occupational Health or GP referral.

## **CONCLUSION**

The data presented in this report gives an indication of the workforce, workload and equipment implemented in vascular studies departments. Service leads may be able to use this benchmarking data and compare to their practice. This may be useful information for business cases where appropriate. .