

Draft Standard Operating Procedure for the Out of Hours Interventional Radiology Service for South East Wales

1. Purpose

The purpose of this Standard Operating Procedure is to document the detailed pathway supporting the Out of Hours Interventional Radiology Service for South East Wales.

2. Scope of the Service

The scope of the service is the provision of interventional radiology services outside routine hours and is a regional collaboration between the three Health Boards. The service is based on a hub model out of hours, with patients transferring for treatment to the Hub at the University Hospital of Wales. It is underpinned by core interventional radiology services provided in each Health Board in hours for both emergency and elective services, in particular the 'mop up' model for cases in each Health Board at the end of each working day.

3. Service Objectives

The Interventional Radiology Out of Hours Service will provide timely, effective, high quality, accessible care for all patients referred to the service.

The core philosophy of the service is to be an exemplary provider of sustainable interventional radiology services.

This policy aims to describe the service and address a gap in care for patients who will benefit from a highly specialised skill base.

The service will seek to achieve the highest standards of care with measures in place to ensure that every patient will receive specialist care that is evidence based and will reflect their individual needs.

In the context of regional collaboration, the key objectives of the service are:

- To provide the most appropriate, timely and cost effective evidence based treatment.
- To provide this treatment as part of an integrated seamless pathway.
- To develop and maintain appropriate care pathways to ensure timely access to diagnosis and treatment.
- To achieve optimal outcomes after evidence based care.
- To provide staff with the necessary training and resources to deliver exemplary care within a patient focused environment.
- To support education, research and audit.

4. Inclusion and Exclusion

4.1 Inclusions

The scope of the proposed out of hours service is summarised below, and the interventional as opposed to diagnostic nature of the service is emphasised:

Scope	Detailed procedures
Arterial	Stopping haemorrhage (trauma, GI, PPH)
Venous	Thoracic AA, traumatic dissection, ruptured peripheral aneurysms
Kidney	Acute peripheral and visceral ischemia
Bile duct	Managing sepsis secondary obstruction
Major Trauma	Emergency management of AA
	IVC filter for PE

4.2 Exclusions

In considering the scope of the service, the following exclusions have been defined:

- Abscess drainage.
- Central venous access.
- Dialysis fistula thrombectomy.
- Draining complex intra-abdo and thoracic abscesses.
- Colonic stenting.

Out of hours abscess drainage is a problem for each Health Board to resolve independent of the Regional Interventional Radiology Service.

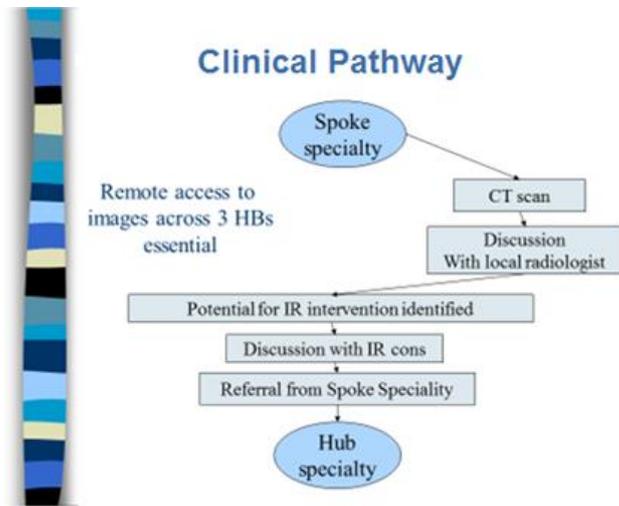
5. Location and Hours of Operation

The location of the Out of Hours Service is a Regional Hub located at the University Hospital of Wales. The Regional Out of Hours Service will operate from 17:00 hours to 09:00 hours on weekdays, and 24/7 on weekends. It is however important to note the role of each Health Board in managing in hours emergencies and end of day activity as an essential element of the clinical model.

6. Pathway for Out of Hours Services

6.1 Summary of Pathway

The pathway for out of hours referrals is shown in the figure below. The results of local diagnostics are considered by the local specialty with input from the local (non-interventional) radiologist and the potential for referral to the regional on-call interventional radiology is identified. The local specialty then discuss the case with the regional IR Consultant to determine whether interventional radiology may have a role in the management of the patient. If a potential role for IR is agreed then the local team contacts the relevant team at UHW to discuss the case and determine whether transfer of the patient to their care in UHW to allow access to interventional radiology OOH is appropriate. It should be noted that the final decision as to whether a patient is transferred from another site lies with the consultant who would be responsible for their care at UHW. If agreed then the local specialty arranges transfer to the Hub and agrees the proposed approach to repatriation (holding a bed locally etc.).



6.2 Detailed Pathway

6.2.1 Identification of the potential need for Out of Hours Interventional Radiology Service

- The patient will be under the care of a specialty in a spoke hospital, recognising that the University Hospital of Wales has a role as a spoke and a hub Hospital.
- The spoke specialty will undertake relevant diagnostic tests and discuss these with the spoke radiology service.
- This may identify the need for the Interventional Radiology Service and it is the responsibility of the spoke specialty to contact the rostered Interventional Radiology Consultant via switchboard.
- The Interventional Radiology rota will be held by the switchboard at each spoke hospital, the telephone numbers for which are listed below:
 - University Hospital of Wales 02920 747747
 - Royal Gwent Hospital 01633 234234
 - Royal Glamorgan Hospital 01443 443443
- The spoke specialty will discuss the case with the rostered IR Consultant and decide whether there may be a role for interventional radiology in the management of the patient.

6.2.2 Referral to the Hub

- Following agreement of the potential role for interventional radiology intervention, the Spoke will contact the relevant specialty at the hub. This will provide opportunity for review of all aspects of the case to determine whether an OOH transfer of the patient to a site with access to 24/7 IR cover (i.e. UHW) is appropriate.

- The Hub and Spoke specialties will discuss any further work up prior to transfer.

6.2.3 Actions within the Hub following acceptance for transfer

- The receiving hub specialty will notify relevant departments within the Hub based on the needs of the patient, as would be the case with other similar transfers.
- This will include bed management and the Emergency Department, and may include anaesthetics and critical care dependent on patient acuity.

6.2.4 Transfer of the patient

- The Spoke specialty will contact the Welsh Ambulance Services NHS Trust (WAST) Clinical Control Centre to discuss the most appropriate category of transport for the patient based on their activity.
- The Spoke specialty will arrange appropriate escort arrangements for the transfer, as agreed with WAST.
- The Spoke specialty will alert the Hub specialty on departure of the patient to the Hub.

6.2.5 Patient arrives at the Hub

- The patient will be admitted via the Emergency Department to the location identified by Hub Bed Management.
- The patient will be transferred to the appropriate location in the hub, to be reviewed by the hub specialty clinical team.
- Having seen the patient the hub specialty clinical team will then contact the IR Consultant. They will review the case and decide whether an IR procedure is indicated at that time. They will also agree on the support the patient will require whilst in the IR suite (eg whether the attendance of an anaesthetic team is indicated) and whether the patient can be returned to the ward post procedure or whether they will need admission to HDU or ITU.
- If an IR procedure is judged appropriate the IR Consultant will then mobilise the IR Nursing and Radiographer Team to attend the Hub.
- The patient should not be transferred to the IR suite until the IR Team are ready to receive the patient and all relevant issues (e.g. anaesthetic support, post procedure destination) have been addressed.

6.2.6 Procedure undertaken in the IR Suite

- When the IR Team are assembled, they will contact the Hub specialty and arrange for the patient to be brought to the IR Suite.
- Whilst the patient is in the IR Suite, they will be under the joint care of the IR Consultant and the Hub specialty clinical consultant.

- On completion of the procedure, the IR Team will arrange the transfer of the patient to the agreed post-operative location based on the patient needs and informed by the pre procedure discussion with the clinical team.

6.2.7 Post Procedure

- Following their procedure, the patient will revert to the care of the Hub specialty clinical team.
- Post procedure care will be provided by the Hub specialty clinical team. If further input is required from an IR Consultant, this can be accessed by contacting UHW IRs during the working day or the on call IR OOH.

6.2.8 Repatriation and discharge

- When clinically appropriate, the patient will be repatriated to the Spoke without delay and prioritised accordingly. Standard practice should be for the spoke hospital to hold the bed for the patient
- The Hub specialty will refer the patient back to the Spoke specialty to support this process.
- Repatriations should not be undertaken at night unless indicated and patients should not be repatriated if they would be discharged home on the same day.

Formatted: Highlight

6.2.9 Communication

- All involved in the pathway have an obligation to communicate clearly, effectively and in a timely manner.

6.2.10 Escalation

- In the event of operational difficulties out of hours, the Health Board and WAST escalation arrangements should be used (bronze, silver and gold).