

Standard Operating Procedure - Management of Diverting Primary PCI patients

The operating procedure set out below must comply with the Data Quality Standards set out within Trust Data Quality Policy

1. Overview

There are two Cath labs on the RDH site undertaking emergency and elective cardiology procedures, including critical life-saving cardiology procedures. Presently Lab 2 is out of action awaiting repair. Lab 1 is operational but is experiencing issues with its detector equipment meaning the images on screen are of sub-optimal quality making operating difficult.

Whilst repair works are pending the decision was taken by the CMO and COO to divert the Primary PCI service to ensure clinical safety of patients. This was judged as clinically safer than risking undertaking these procedures on sub-optimal equipment in Cath Lab 1 without the back up of Cathlab 2 in the event of equipment failure.

2. SOP Governance

Department: Information

No of pages: 2

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Authorised by: Dr Nauman Ahmed

Review date: 10th May 2024

Frequency and Time frame: On average 1 patient affected per day. For the duration of the RDH PPCI divert / until cath labs have been repaired (TBC - estimated end date 7th May 2024)

3. Key indicators, output or purpose from this procedure

To meet BCIS accreditation requirements to ensure clinical safety of patients.

Purpose of this procedure is to ensure staff awareness of required actions during the diversion period.

4. Data Source(s)

Consultant Cardiologist team. BCIS guidelines for Primary PCI.

5. Process

1. All STEMI patients transported via ambulance service are to be directed to the nearest PPCI centre, such as Stoke, Nottingham, Leicester or Sheffield, based on geographical proximity, rather than Royal Derby Hospital. This instruction has been communicated to EMAS, WMAS, and relevant centres.
2. If suspected STEMI cases present at Royal Derby Hospital or Queens Hospital Burton A&E, they should be discussed with the on-call interventional cardiologist, contactable via switchboard. If deemed appropriate, these cases should be diverted to the nearest PPCI centre, including Stoke, Nottingham, or Leicester.
3. STEMI patients or unstable NSTEMI patients onsite at RDH/QHB, excluding A&E, should undergo consultation with the on-call interventional cardiologist. The decision regarding diversion will be made on a case-by-case basis, considering the individual needs of each patient.

4. NSTEMI patients admitted to both acute sites RDH/QHB will continue to follow the standard pathway without any modifications.
5. All pacing emergencies or other cardiac emergencies will adhere to the standard pathway without any deviations.
6. Patients attending A&E at both sites who deteriorate may require interventional cardiology. The patient must be discussed with the interventional on call Cardiologist prior to transfer to any centre. If ongoing medical care is required to support the transfer this will be provided from the Emergency Department clinical team or Anaesthetics, depending on the clinical scenario.
7. Patients admitted to UHDB wards who deteriorate may require interventional cardiology. The patient must be discussed with the interventional on call Cardiologist prior to transfer to Nottingham, Stoke or Leicester. If ongoing nursing care is required to support the transfer this will be provided from the ward.

6. Validation Checks

Peer reviewed by the Cardiologists and Divisional Clinical Director

Risk reviewed daily within escalation meetings

7. Sign off (separation, supervision, authorisation)

Stage/ purpose	Name and role	Date (how/ where evidenced)
Peer review:	Dr Tariq Azeem	29/4/24
Supervisor/ Lead review:	Dr Nauman Ahmed	30/4/24
Information Asset Owner/ Trust Lead:	Dr Gisela Robinson	Dr Gisela Robinson

8. Information Governance

Other providers made aware of diversion following usual escalation processes.

Otherwise data sharing is not required and therefore does not need to be reviewed by the Trusts IGT.

This procedure is for internal uses only.

9. Export/ use of data

To be distributed via email to all key stakeholders.

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