

## Standard Operating Procedure

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

<b>Title:</b>	<b>Cath Lab Equipment Failure and Cardiology Continuity Plan</b>
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		Date
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<b>Reviewed by</b>	Lisa Shacklock	<b>07 June 2024</b>
<b>Mandatory BU's/Groups consulted</b> (if applicable)	Business Unit Governance and Risk Group Cardiology Business Continuity Group Divisional Governance Quality and Risk Group	<b>05 June 2024</b> <b>03 June 2024</b> <b>06 June 2024</b>
<b>Approved by</b>	Business Unit Governance and Risk Group Divisional Governance Quality and Risk Group	<b>05 June 2024</b> <b>06 June 2024</b>

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Please refer to [Koha Policies and Guidelines Catalogue](#) for the most recent version.

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## SOP Document Controls:

Version Number	Date	Author	Reason for Revision
V1	05 June 2024	Simone Rizzi	Initial completion of SOP
V2	05 June 2024	Simone Rizzi Mark Adams Jamie Astley	First Review from the Specialty Triumvirate and Business Unit
V3	07 June 2024	Lisa Shacklock	Final Divisional Review

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## 1. Introduction

Cardiac catheter suite serves the Derbyshire and Staffordshire population for primary service. The primary service consists of emergency admissions direct to the cardiac catheter suite or from inpatient locations for emergency percutaneous coronary interventions (PCI). This is an essential service providing lifesaving treatment that must be provided 24/7. In line with BCIS guidelines, the Cardiac Catheter Suite needs to have at least 2 functioning Lab rooms to provide a PPCI service. The Trust needs to make sure all actions are put in place to avoid diverting the PPCI (primary percutaneous coronary interventions) service.

This SOP highlights the process and the steps to take in the event of equipment failure in one or both of the labs which would put the PPCI service at risk of being diverted.

The lab equipment has currently achieved the end of serviceable life in December 2023.

## 2. Purpose

The purpose of this SOP is to give clear instructions on how to proceed in the event of equipment failure in the cardiac catheter suites. Diverting to other centres should always be considered as the last option. The process below provides Senior Managers, Senior Nurses and Executives on-call the process and required actions to assess, decide and implement in the event of Cardiac Laboratory failure.

To reiterate it is against recommendations to provide a PPCI service with only one functional catheter laboratory.

## 3. Scope

This SOP will be shared with the Trust with the aim of supporting decision making to avoid service interruption.

The data used to review the process is taken from incident reports, meeting minutes and the risk register.

Risk 2769 and Risk 2039 present loss of cardiac catheter lab at RDH due to reaching end of serviceable life and the more recent Cath lab equipment failure in May 2024 and June 2024 which impacted on flow and forced to divert PPCI to other centres.

A divert will enact, an incident report which will need to be completed and updated on Risk 2769.

## 4. Abbreviations and Definitions

<b>PPCI</b>	Primary Percutaneous Coronary Interventions
<b>BCIS</b>	British Coronary Interventions Society
<b>SMOC</b>	Senior Manager on Call
<b>Exec</b>	Executive
<b>ACD</b>	Assistant Clinical Director
<b>COO</b>	Chief Operating Officer
<b>EMAS</b>	East Midlands Ambulance Service
<b>WMAS</b>	West Midlands Ambulance Service

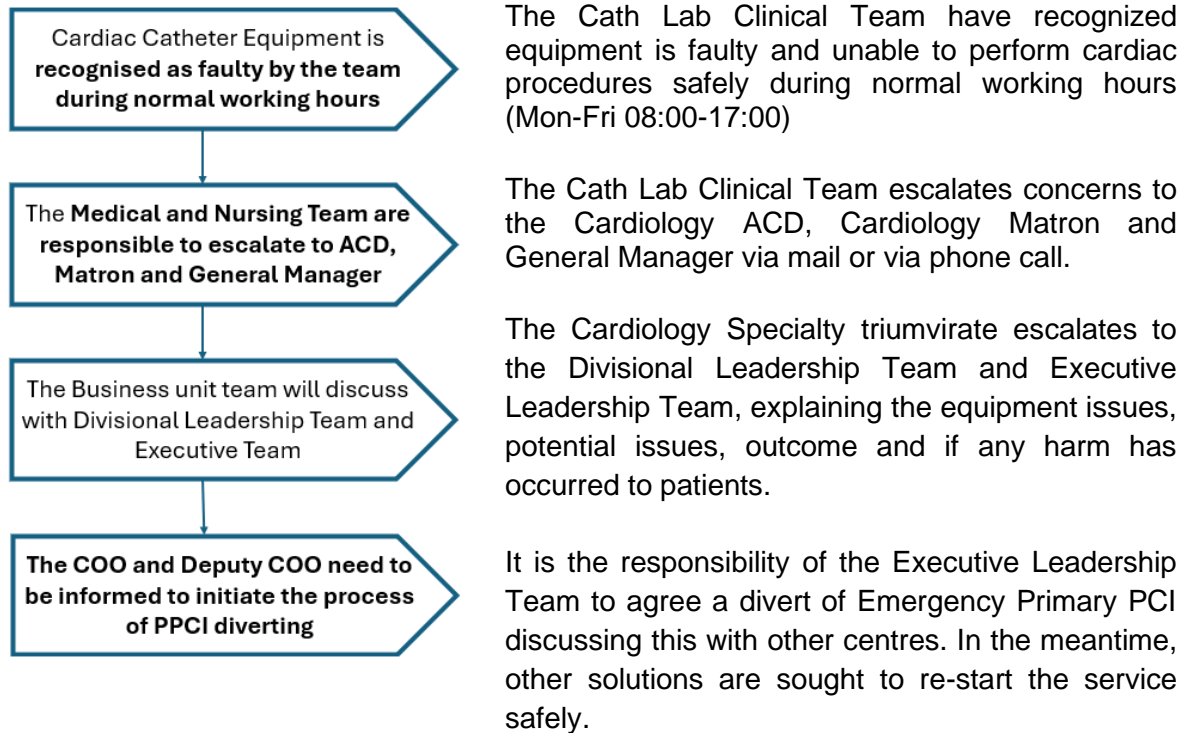
## 5. Responsibilities

Find a more detailed explanation of responsibilities in the process described below.

This SOP is owned by the Cardiology Triumvirate who will review if a divert is enacted. The Divisional and Executive Leadership Team are responsible to review and approve the below process in the event of fault in the Cath Lab equipment.

## 6. Procedure

### 6.1 ESCALATION PROCESS AND DIVERTING DECISION MAKING DURING WORKING HOURS



#### Who to inform?

- COO will inform COO in region
- COO will inform EMAS and WMAS ambulance service
- ACD will contact other Trusts Cardiology ACD
- Ops Team will inform both the Emergency Departments and the other Divisions during the bed meetings throughout the day.

**6.2 ESCALATION PROCESS AND DIVERTING DECISION MAKING OUT OF HOURS**



During the procedure, the equipment in either Cath Lab Room 1 or 2 is faulty and putting patients and staff at risk.

The Radiographer who is responsible to make sure the X-Ray equipment is fully functional will be responsible to register the fault with the equipment company Ergea.

The Radiographer and the On-Call team (nursing, medical, radiographer and physiologists) are responsible to escalate the concern to the Patient Flow Team at Royal Derby Hospital ringing the number highlighted. The Flow Team will be responsible to contact the Senior Manager On-Call and Executive On-Call to inform of the Cath Lab Failure.

SMOC and Exec On-Call will discuss the current position and come back to the SOP for the next actions to take.

The BCIS (British Cardiology Intervention Society) guidelines highlight the need of two functioning Cath Lab rooms to provide cover for Primaries. The malfunction of one of the labs would increase the risk of harm and delays to treatment.

After a thorough review of the case the Exec Director On-Call will confirm that all emergency Primary PCI will be diverted to other cardiac centres.

The SMOC and Exec On-Call will need to inform the Operations Team from the other Trusts in the area: Nottingham, Stoke, Sheffield and potentially Glenfield.

### Who to inform?

- Executive Director On-Call to inform the Ops Teams from other Centres and during weekends and bank holidays to contact COO in Region and EMAS and WMAS ambulance service.
- ACD will contact other Trusts Cardiology ACD.
- Ops Team will inform both the Emergency Departments and the other Divisions during the bed meetings throughout the day.

## 6.3 POTENTIAL SOLUTION UNDER REVIEW TO AVOID DIVERTING OF PPCI SERVICE

The Cardiology Specialty Triumvirate are currently reviewing the use of the Hybrid Catheter Lab for PCI work. This lab is used for radiography, vascular and pacing procedures. Recently the equipment of the Hybrid Cath Lab was reviewed, and the appropriate part was applied to support Percutaneous Coronary Interventions (PCI).

In case of equipment failure in one of the two labs in the Cardiac Catheter Suite, the Specialty Triumvirate would consider the Hybrid Cath Lab as a potential solution to avoid further diverting of PPCI. However, training needs to be delivered to all those involved in the PPCI rota including Physiologists, Radiographers, Interventionalist Consultants and Nursing staff.

Updates will be provided by the Division in the safe use of the Hybrid Cath Lab in the future.

## 7. Information Governance

The data of the incident is shared with the Operations Team and Divisional Leadership Team, a daily Cardiology Business Continuity meeting is set up to discuss solutions and actions are planned to re-start PPCI service and repair the faulty equipment.

The people who need to be involved in the Business Continuity Review Meetings are:

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Meetings are recorded and minutes and actions taken and shared with the wider team.

Incident reports are completed and shared with the wider team. All the updates from the business continuity meetings are reported onto the risk register and incident.

## 8. References and Associated/Linked Documents

< Applicable regulations, national guidelines, local clinical guidelines or policies this sits under, resources, SOP/Template/Form links >

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## 9. Appendices

< Flow charts, documents, checklists, etc. (Documents which are not stand-alone documents) >

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