

## Transfer of inpatients to other Tertiary Centres for Cardiac Surgery

### Standard Operating Procedure

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

#### 1. Overview

At UHDB NHS Foundation Trust we have a total of 6 cardiology areas and 1 outlying ward – Ward 408, Coronary Care Unit (CCU) at the Royal Derby Hospital (RDH), Ward 6, CCU at Queens Hospital Burton (QHB), Cardiac Catheter Suite at both sites and ward 302 at the RDH as a cardiology outlier ward. UHDB NHS Foundation Trust provides invasive procedures in the Cardiac Catheter Suite e.g., Diagnostic Angiograms, Percutaneous Coronary Interventions, Right Heart Catheters, and most of complex devices which include Pacemaker, Cardiac Resynchronisation Therapy Devices and Reveal devices. UHDB NHS Foundation Trust does not provide open heart surgery or valve surgery. The cardiology consultants review the patients on all the cardiology areas at UHDB and after appropriate investigations they decide the most suitable surgical treatment. The following cardiac surgeries require the patient to be referred to tertiary specialist centres:

- Transcatheter aortic valve implantation (TAVI)
- Balloon Aortic Valvuloplasty (BAV)
- Aortic Valve Replacement (AVR)
- Mitral Valve Replacement (MVR)
- Coronary Artery Bypass Graft (CABG)

The tertiary centres used by UHDB NHS Foundation Trust are:

- Glenfield Hospital in Leicester
- Nottingham University Hospitals Foundation Trust
- Royal Stoke University Hospital

Cardiology consultants refer patients directly to these tertiary centres from the cardiac inpatient wards at UHDB. The patients undergo a series of investigations in preparation to the required cardiac surgery.

On a daily basis, the ward checks the availability of beds with the cardiology co-ordinators at the tertiary centres. In some cases, patients wait from a minimum of 7 days to a maximum of 28 days for an available cardiology bed at the tertiary centres. This now requires a robust escalation plan to add value to the patients' journey at UHDB NHS Foundation Trust in line with Every Day Counts and Red2Green. Once patient identified as needing referral to other tertiary centres then the cardiac centre icon needs to be commenced on Xtramed and relevant information completed.

#### 2. SOP Governance

**Department:** Cardiology - Medicine

**No of pages:** 4

**Version & Date:** V2

**Author:** Mr Simone Rizzi

**Authorised by:**

**Review date:** October 24

Senior Sister Marie Jackson

**Frequency and Time frame:** *Annually*

#### 3. Key indicators, output or purpose from this procedure

This Standard Operating Procedure has the purpose of improving the flow of patients from UHDB NHS Foundation Trust to these tertiary centres for cardiac surgery. The aim is to reduce the waiting time using the correct escalation pathway and create a robust plan to avoid delays and improve patient experience. This icon on Xtramed once completed has all the relevant information and can be placed in delays.

The average length of stay of cardiac inpatients at UHDB will reduce and a reduction in the total number of bed days is expected. Involving the right people in the escalation process below is a key point in reducing the referral to treatment time (RTT) for all patients who require open heart surgery or valve surgery.

All required surgical pre-operative procedure are attached at the end of this SOP (Attachment 1)

#### 4. Data Source(s)

UHDB NHS Foundation Trust provides a ward dashboard which highlights the wards Key Performance Indicators (KPIs) including Length of Stay. The data shows that the length of stay of patients on the cardiology wards at UHDB has increased. The aim is to reduce the length of stay of the cardiology wards improving the escalation process for those patients who require specialist treatment in other tertiary centres.

Data can also be collected via the Electronic Patient Record Extramed. Patients are placed on delay on the code 15 which are then discussed weekly at the Length of Stay meeting at UHDB NHS Foundation Trust.

## 5. Process

1. Patients are referred for open cardiac surgery or valve replacement from the consultants at UHDB NHS Foundation Trust. The referral process requires an email to be sent and a referral form to be completed by the referring medical team
2. Discharge support officer on ward 408 and ward receptionist on ward 6 at QHB are informed of the patients' names during the ward board huddle at 9 am in the morning. They add the Icon onto extramed and work with ward co-ordinator/nurse in charge to understand what investigations and actions are outstanding pre-operatively for each patient.
3. Discharge support officer/ward receptionist gets in touch with the tertiary centres to make them aware of the patients that have been referred to the specialist centres.
4. Discharge support officer/ward receptionist/ medical team and the nurse in charge work together to complete the icon will include the following information:
  - Patient Name
  - Patient Date of Birth
  - Admission Date
  - Referral Date
  - Referring Consultant
  - Accepting Consultant
  - Operation Required
  - what investigations have been completed
5. Discharge support officer/ward receptionist will give **DAILY** updates to the tertiary centres with the aim to inform the cardiac surgical areas about the patients' pre-operative preparation and check their bed availability.
6. On a **WEDNESDAY** each week, the management representative on each site will attend the wards and discuss any outstanding tertiary transfer patients. This meeting has the aim of supporting the clinical team with any internal escalations and delays. The internal delays will then be discussed with the teams within the Medicine Division and escalated accordingly through the bronze meetings.
7. When the patients have completed their pre-operative investigations/diagnostics, the discharge support officer/ward receptionist will select the **delay code 15** on the electronic patient record on Extramed which highlights that the patient is ready to be transferred for treatment to the appropriate tertiary centre. The discharge support officer/ward receptionist and the teams on both ward 408 and ward 6 will continue to chase the beds **DAILY**. Patients are kept under the **delay code 15** while on the ward, unless they develop other medical conditions that require medical attention. In this case patients will be removed from the Delay list for cardiac surgery as they are no longer stable for transfer.
8. If no bed is sourced by **DAY 7** after completion of all pre-operative investigations, the discharge support officer/ward receptionist will work together with the ward co-ordinators on ward 6 and ward 408 to escalate these patients to the management team. The below information should be provided:
  - Patient Name
  - Patient Date of Birth
  - Admission Date
  - Referral Date
  - Referring Consultant
  - Accepting Consultant
  - Operation Required
  - Days patient has been in **DELAY**

The **management team** consist of:

- Specialty Matron
- Deputy General Manager
- Service Co-ordinator
- Deputy Divisional Director

❗	9.	If a tertiary centre bed has not been identified for the patient by <b>DAY 10</b> the management team escalate the delay via email to the <b>Chief Operating Officer (COO)</b> . COO to discuss bed availability with the required tertiary centres.
	10.	After escalation to COO, the information collected by COO is fed back via email or phone, to the management team who has completed the initial escalation (Matron – DGM – Service Coordinator - Divisional Deputy Director).
	11.	The management team discusses the escalated patients with the wards and follow the conversation up with an e-mail.
	12.	The discharge support officer / ward receptionist and the ward co-ordinators on ward 408 and ward 6 make sure that the excel spreadsheet is updated with the right information post escalation and inform the medical and nursing team involved in the care of the patient.
	13.	Nurse in charge on the wards will complete all the appropriate checks to provide a safe transfer to the allocated cardiology bed.

## 6. Validation Checks

Failure to adhere to this Standard Operating Procedure will result in an increase in the total length of stay for patients who are waiting for open heart surgery or valve replacement. The management team at UHDB will monitor the progress of these patients every Wednesday with the staff involved in the DAILY escalations.

The Excel Spreadsheet is to be used as a guide to understand, monitor, and document progress.

Information must be fed back via email to the wards at UHDB to organise patients' transfers and a safe discharge plan.

## 7. Sign off (separation, supervision, authorisation)

Stage/ purpose	Name and role	Date (how/ where evidenced)
Peer review:	XXX	XXX
Supervisor/ Lead review:	XXX	XXX
Information Asset Owner/ Trust Lead:	XXX	XXX

## 8. Information Governance

Patients' information will only be shared only with the required members of staff at the Tertiary centres.

UHDB have access to a list of these staff names for the below tertiary centres.

- Glenfield Hospital in Leicester
- Nottingham University Hospitals Foundation Trust
- Royal Stoke University Hospital

Internally, the Excel spreadsheet will be saved in a protected shared folder and/or shared only via NHS e-mail with the appropriate staff members who are involved in the care of the patients. A list of staff members who have access to cardiology patients' information is available under request.

All staff who are involved in the process of escalation are up to date with their information governance training.

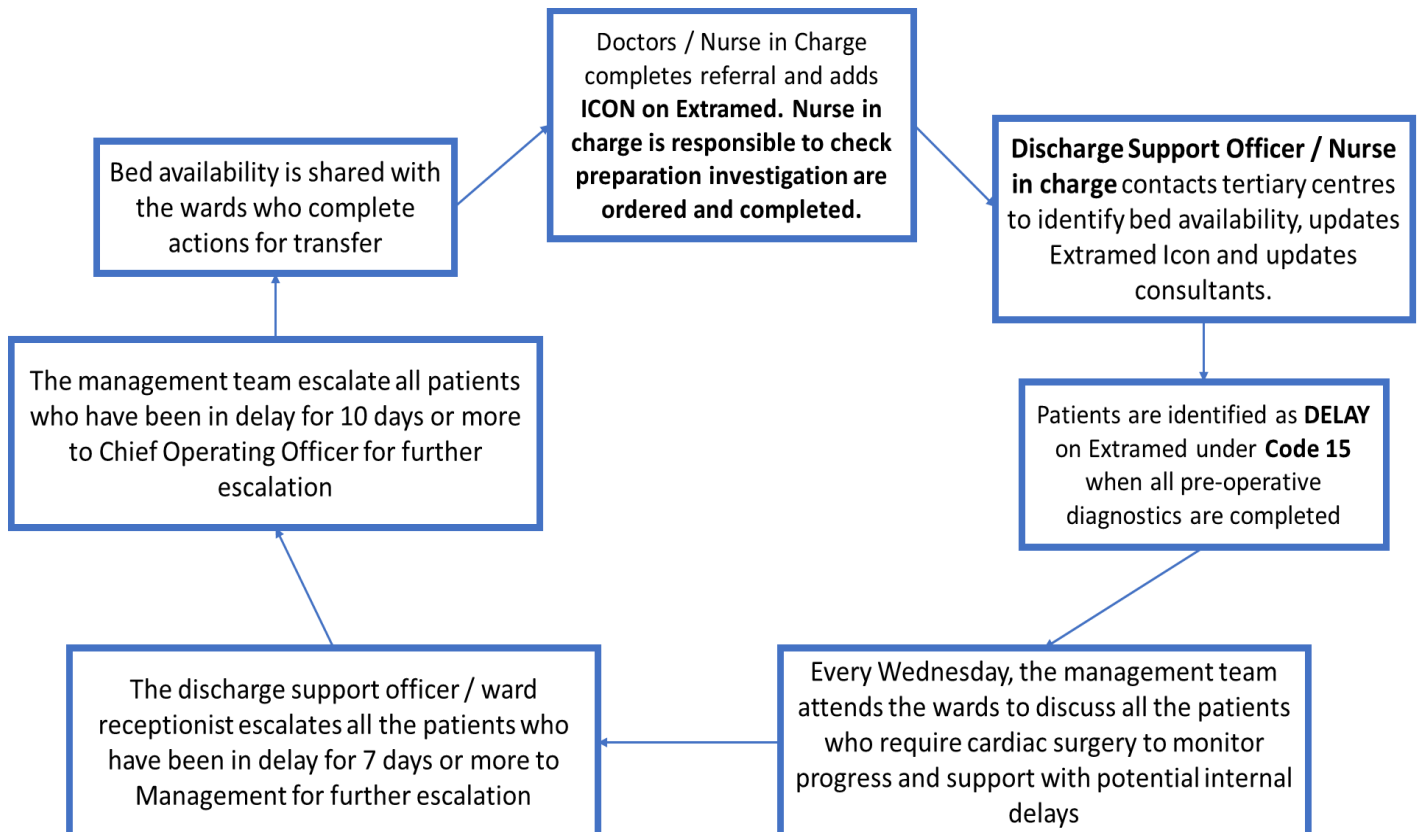
## 9. Export/ use of data

Recipient(s)	When	How	responsibility
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All UHDB Staff		Communications Team, NETI	Information Governance
Senior Nurses Team / Operation team		Senior Nurses Meeting / email updates	Cardiology Matron
Cardiology Staff		Sub Directorate Governance Meetings	ACD – Matron - AGM

## 10. Detailed Instructions

### 1 – How to xxx



SOP-CLIN/4362/24

Attachment 1

**Pre operative investigations required**  
**Glenfield / Nottingham**

**AVR**

Echocardiogram (ECHO)  
Transoesophageal Echocardiogram (TOE)  
Maxfax review and potential teeth extraction  
Pre-operative Angiogram

**CABG**

Pre-operative Angiogram  
Echocardiogram (ECHO)  
Carotid doppler

**Pre operative investigations required**  
**Stoke on Trent Hospital**

**AVR**

Perfusion Test (PFT)  
Carotid Doppler  
Echocardiogram (ECHO)  
Pre-operative Angiogram  
Maxfax review and potential teeth extraction

**CABG**

Perfusion Test (PFT)  
Carotid Doppler  
Echocardiogram (ECHO)  
Pre-operative Angiogram

**TAVI**

CT angiogram  
CT TAVI (might need to be done as OPA)  
Cardiac MRI