

NSTEMI-ACS referral pathway



**EPSOM AND ST HELIER
UNIVERSITY HOSPITALS
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JUNE 2019



- **AB** (EP/devices) - SGH
- **YD** (imaging/HF) – St Peter's
- **NM** (intervention) – SGH

- Cross-site Locum consultant (devices) – Harefield
- Cross-site Locum consultant (HF/imaging)
- Training SpR
- Cardiology fellow
- SHO / CMT



- **RB** (intervention) – SGH
- **JF** (EP/intervention) – RBH
- **UP** (HF/imaging) - SGH

- 2 visiting consultant (imaging) – RBH & SGH
- 1 locum consultant
- Training SpR
- 2 associate specialists
- HO / FY1

Ward rounds / referrals



- Daily consultant-led CCU ward rounds ('consultant of the day')
- Weekend ward rounds on Epsom site (1 in 4)
 - Only new / sick / unwell / requested reviews
- Daily review of cardiology referrals (13 bed CCU)
 - No outliers / but see most referrals within 24 hours
- Angios, PPMs /transfers highlighted to CCU sister by noon / after WR
- CCU bed requested if appropriate

Referral process



- On line referrals IHT completed by CCU sister on same day (all appropriately trained)
- Referrals sent
 - SGH / Harefield Hospital / ?SPH
- Daily call to tertiary centre re: bed status and potential 'treat and returns'
 - Phone call - con to con
- Small proportion of angios done at Epsom

Can do better / barriers



- move towards consultant of the week / month
 - Staffing
 - STH weekend WR
 - On-call
- some PCI done locally to meet 72 hours target
 - CCG, etc
- Treat & transfer
 - Infection control, MRSA, norovirus, CEP
 - Beds
 - Comorbidities