NSTEMI-ACS referral pathway

EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST

DR YOUSEF DARYANI DR NIKESH MALIK MARY GRAY

JUNE 2019

Epsom General Hospital

- **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)
- o Training SpR
- Cardiology fellow
- SHO / CMT

St Helier Hospital

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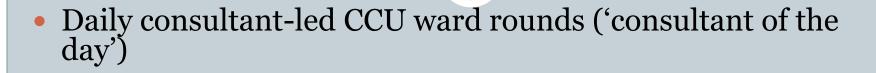


• **RB** (intervention) – SGH ○ **JF** (EP/intervention) – RBH • **UP** (HF/imaging) - SGH

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

Ward rounds / referrals

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- Weekend ward rounds on Epsom site (1 in 4)
 Only new / sick / unwell / requested reciews
- 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

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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

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move towards consultant of the week / month

- Staffing
- STH weekend WR
- o On-call
- some PCI done locally to meet 72 hours target
 - o CCG, etc
- Treat & transfer
 - Infection control, MRSA, norovirus, CEP
 - **o** Beds
 - Comorbidities