Discharge to other step down centre – possibly in private sector

Discharge summary and operation note still sent to original DGH and local cardiac surgery responsible consultant to arrange local follow up

Discharge home

Discharge summary and operation note to DGH and local cardiac surgery named consultant for follow up

Transfer to delivery centre for surgery

Delivery centre surgical team review patient with mini MDT and then proceed with surgery

Command centre review, triage and checklist:

* Does the patient meet criteria, with critical prognostic anatomy or physiology?
* Is the imaging available on the delivery centre system?
* Is the patient COVID negative?
* Command centre surgeon on call talks to referral centre consultant surgeon if clarification / discussion about priorities needed
* Decision on delivery centre - Barts or Harefield by command centre team
* Command centre discusses case with Harefield

Referral to command centre – as level 3 not 4, this will take place in normal working hours –

local cardiac surgery centre confirms:

* That the patient needs in-patient cardiac surgery with no other treatment option
* That the patient has been COVID tested
* That the patient is ready for transfer for surgery (anticoagulation and relevant empagloflozin stopped, all required investigations done)
* That imaging is available and has been transferred
* That there is a named consultant cardiac surgeon responsible for the patient at the local centre.

Discussion with local cardiac surgery centre

DGH level 3 patient