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Cardiac CT has become the preferred choice of investigation in the last few years. This was due to NICE recommendations in the chest pain pathway and now the GIRFT report. With increasing requests, the waiting list grew. This was exaggerated in Covid, when all activity came to a standstill. To maximise capacity and driven by a huge backlog, we successfully started radiographer led lists and then oral Bisoprolol pre-CTCA. This reduced the waiting times dramatically from 8 months to 4-6 weeks.

To further streamline and improve numbers of scans done in existing sessions. The initial idea was to have a separate clinic room and checklist, but we were faced with lack of space and extra staff. Instead, the suggestion was to have the checklist done by the requesting clinician at the point of referral. This would screen out those unsuitable for CTCA and provide the opportunity to provide a pre dispensed pack of oral betablockers with instructions to start 5 days prior. This was pre-arranged with pharmacy and would be audited on a monthly basis

What we did and found

An audit was undertaken of 100 random patients attending for cardiac CT between the months of September 2021 and February 2022 to understand the time taken for the checklist. The time varied depending on how much elaboration was needed and, on some occasions, longer if the patient was elderly or hard of hearing. We found from our information gathering:

5 min-13;6 min -16; 7 min 2; 8 min-12; 9 min -21; 10 mn-32;12 min-4.

Results

The data showed a variation in time taken to get