

Principles 1 and 5 (governance and safe transfer)



networks and Signpost

referapatient supports:

The creation of rotas of specialists in regional networks or referring hospitals in a specific geographic area;

Natural patient flow across regional boundaries to where greater clinical capability is available to deliver a high-quality service;

referapatient is already used in: multiple major trauma networks which parallel AAD networks; multiple Adult Critical Care Transfer Service Networks to which AAD referrals can be instantly shared

The regional clinical lead and supporting team can publish a Signpost to ensure that there are/is:

- published emergency referral pathways
- a protocol for early medical management and treatment
- an imaging protocol for type B dissection treated medically
- a standardised imaging protocol for the diagnosis of aortic dissection

Principles 3 and 4 (single point of contact and timely image transfer)



referapatient and recall

Regional rota

Single point of contact

Standard care pathway

Simple rapid referral from ED

24/7/365

Fixed phone number 'RECALL'

The on-call consultant will decide on initial management and patient destination. They will have access to other specialties within the referapatient MDT to discuss cases as required and ensure a multidisciplinary approach where clinically appropriate, as described within principle 2.

The single point of contact can rapidly share or port referrals to network partners if unable to admit to their unit referapatient RECALL will redirect referrers to a 2nd on-call if the consultant on call is unavailable.

The fixed contact number is easily distributed to all hospitals within the network.

referapatient ALERT will SMS, Call, and email IEP technicians to transfer imaging immediately after a referral is submitted

Principle 2 (co-ordination through regional MDTs and MDMs)



MDM & MDT

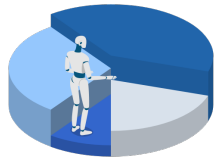
referapatient will:

Rapidly 'sync' duty Cardiothoracic surgeons, Vascular surgeons, Interventional radiologists, Anaesthetics, Cardiology, and Critical Care for urgent ad-hoc MDM calls

Immediately alert referrers and the whole MDT to a decision; Log and document all decisions in the referral record;

Emergency departments
Interventional Radiology

Theatre Teams
Rota Management
Critical Care Networks & Transfer Services



How referapatient supports the 7 Principles of the Acute Aortic Dissection Pathway Toolkit

www.bloomsburyhealth.org/referapatient

Principles 1 (regional governance)

DataLeap



Dataleap can collect data to:

indicate service change; indicate improved outcomes for patients; monitor equity of access.

Dataleaps prospective data collection programme will capture KPIs and support compulsory data submission to *national audits

*National Institute for Cardiovascular Outcomes Research and National Vascular Registry (NICOR & NVR)

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| In hospital mortality |
| With Intervention |
| Without intervention |
| 1 - year mortality |
| Length of stay |
| Number of referrals |
| Number of interventions |
| No intervention |
| Time of presentation to CT |
| Time from referral to intervention |
| Deaths between diagnosis and intervention |
| Deaths between diagnosis and start of definitive treatment |
| Results of patient and relative satisfaction survey (annual) |

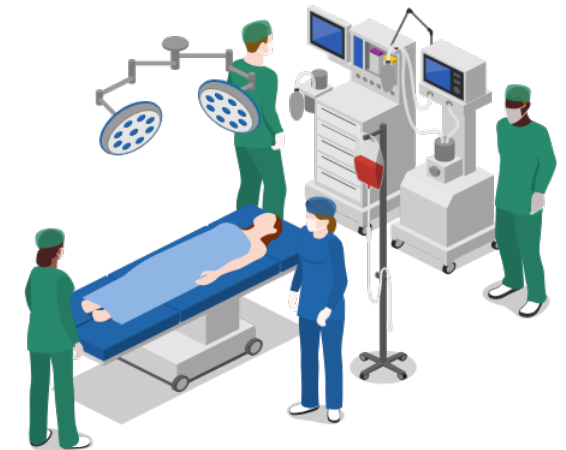


Principle 7 (education)

referapatient



Data and documented cases can be used for feedback and education



Principles 6 (specialist treatment)

networks



Patients with acute aortic dissection need to be treated in a place which can provide the appropriate level of care for their clinical needs, in a timely manner and as close to their home as is safe. All cases can be channelled to the consultant on-call on the dissection rota and a decision taken (and documented) regarding transfer or management locally.

referapatient can disseminate complex management plans for Type A, and Type B dissections using standard templates.