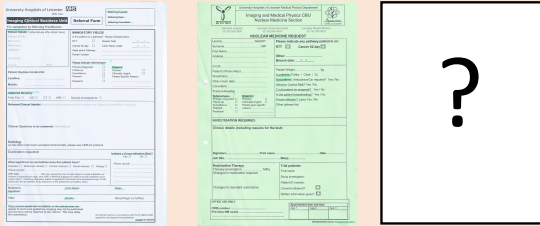


Utilisation of cardiac imaging in ischaemic heart disease: producing a combined cardiac imaging request form to streamline the referral pathway

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THE PROBLEM

NICE guidelines (2016) recommend the use of various cardiac imaging tests in assessing patients with chest pain, depending on **local expertise** and patient risk profile.



Multiple systems for Cardiac Imaging referral and booking locally:-

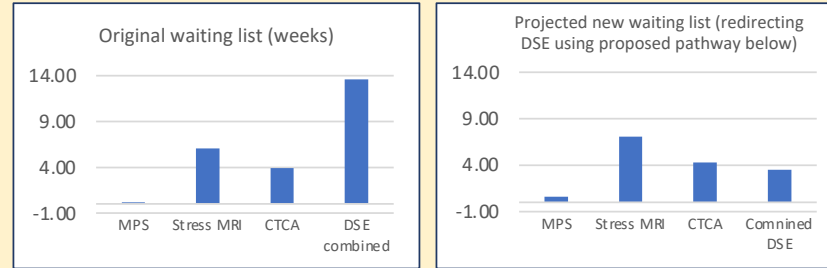
Referral system: Radiology paper and electronic (ICE) form for CT/MRI, Nuclear green paper and electronic (ICE) form for MPS and no form for DSE (e-mail/letter referral to 3 Consultants)!

Booking system: CT/MRI managed by Radiology (CRISS system), MPS managed by Nuclear department (via CRISS) and DSE managed by 3 separate secretaries using individual **A4 folders!**

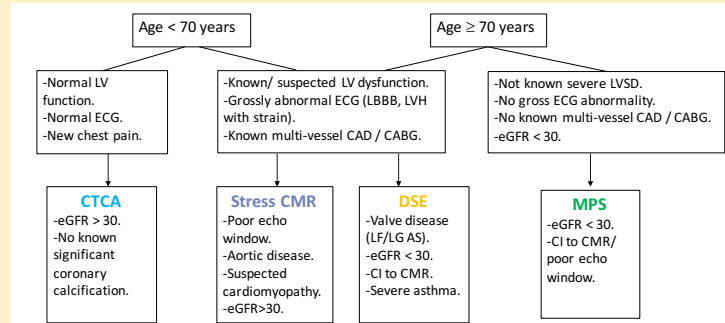
Reporting system: CT/MRI/MPS reports issued on **CRISS/ICE**, DSE reports dictated as **letters** by operator.

THE AUDIT

Objective: To assess the local utilisation of the various imaging tests via a snapshot audit of waiting times for each test.



Proposed pathway for appropriate test



THE QIP

Objective: To produce a **combined cardiac imaging referral form**, and introduce **new DSE form**, to streamline the referral process, allow easier auditing in the future and allow re-direction to an alternative test by the Vetting Clinician.

Chest Pain Cardiac Imaging Referral Form

(NOT For Standard Echocardiogram Or Non-Stress MRI)

Preferred Modality: (Please use a different form for standard echocardiogram or Non-stress MRI)

CT Ca²⁺ score (CAC) only CT coronary angiogram +/- CT-FER (CACR)
 Cardiac stress MRI (MCSPI) Nuclear myocardial perfusion scan (NMTPS)
 Stress Echocardiogram (LUTESD)

Project Timeline

Paper form was quick to implement, but challenging implementation of electronic form due to multiple barriers encountered. (multiple stakeholders to engage, IT and resistance to change).

