

## BSIRQI Site Assessment Proforma

### Using this form:

The questionnaire is designed to allow Interventional Radiology departments to assess their services over four domains; defining scope of services, providing good quality care, patient focus and service improvement. Services that already fulfil the key domains will be eligible for inclusion as an exemplar site. Some services will need to work towards achieving the key domains and these departments are invited to submit for inclusion as a pilot site.

Please click on the grey section after the question and a checkbox, dropdown or textbox will be available for entry. Save the form with a filename that indicates your site.

**This questionnaire should be submitted by email to [exemplaradmin@bsir-qi.org](mailto:exemplaradmin@bsir-qi.org). We aim to acknowledge receipt of all submitted forms within 3 working days.**

**Further information about quality improvement is available at [www.bsir-qi.org](http://www.bsir-qi.org)**

### Definitions:

**Local lead for this BSIRQI site:** a clinician that takes responsibility for the quality of Interventional Radiology services. This does not need to be the local clinical lead or clinical director.

**Formal rota:** a rota that is distributed in advance with a named radiologist and contact details for each on-call period. If you have a formal rota but it does not cover 100% of time, then this is defined as an adhoc rota.

**Adhoc rota:** any system that permits contact with a list of radiologists who are not on-call but may be available to undertake intervention.

**Formal network pathway:** a documented patient pathway between two separate hospitals that *has been agreed and signed off by both parties*.

**BSIRQI Site Assessment Proforma**

Name of person completing this form      xxxx

Date of Completion 16/12/2013

Contact email: xxxx

Application discussed with Team? Yes

Name of local lead for this BSIRQI site      xxxx

Contact email: xxxx

**About Your Unit**

Name of Unit    xxxx

Number of Radiologists overall      28

Number of Interventional Radiologists    6

**What referral services does your unit cover?**

<b>Referral service</b>		<b>Referral service</b>		<b>Referral service</b>	
Acute Medical	yes	Acute Surgical	yes	Urology services	yes
Major Trauma	yes	Gastrointestinal Bleeding	yes	Renal Services	yes
Renal dialysis	yes	Obstetric services	yes	Gynaecology services	yes
Oncology Services	yes	Transplant	no	HPB	yes
Gastrointestinal Intervention	yes				

**Domain: Defining Scope of Services**

**What services does your IR unit provide in hours?**

<b>Procedure</b>	<b>Provided in this unit</b>	<b>Formal referral pathway to neighbouring centre</b>	<b>No provision and no formal pathway</b>
Nephrostomy	x	<input type="checkbox"/>	<input type="checkbox"/>
Biliary drainage / stenting	x	<input type="checkbox"/>	<input type="checkbox"/>
Oesophageal / colonic stenting	x	<input type="checkbox"/>	<input type="checkbox"/>
Endovascular Intervention (angioplasty/stent lysis)	x	<input type="checkbox"/>	<input type="checkbox"/>
Embolization- haemorrhage	x	<input type="checkbox"/>	<input type="checkbox"/>
TIPSS	x	<input type="checkbox"/>	<input type="checkbox"/>
EVAR	x	<input type="checkbox"/>	<input type="checkbox"/>
TEVAR	x	<input type="checkbox"/>	<input type="checkbox"/>
FEVAR – complex endovascular repair	x	<input type="checkbox"/>	<input type="checkbox"/>
Uterine Fibroid Embolization	x	<input type="checkbox"/>	<input type="checkbox"/>
Interventional Oncology	x	<input type="checkbox"/>	<input type="checkbox"/>
Renal access intervention	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular access	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
Venous intervention	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>
IVC filter insertion	<b>x</b>	<input type="checkbox"/>	<input type="checkbox"/>

**What services does your IR unit provide 24/7?**

Where there is an adhoc rota, please provide a percentage of the time this can be covered by a rota.

<b>Procedure</b>	<b>Formal Rota</b>	<b>Adhoc Rota</b>	<b>% of Time Covered</b>	<b>Not Available</b>
Nephrostomy	x	<input type="checkbox"/>	100%	<input type="checkbox"/>
Endovascular Intervention	x	<input type="checkbox"/>	100%	<input type="checkbox"/>
Embolization	x	<input type="checkbox"/>	100%	<input type="checkbox"/>
TIPSS	x		66%	<input type="checkbox"/>
E- TEVAR	x		66%	<input type="checkbox"/>
E-EVAR	x	<input type="checkbox"/>	66%	<input type="checkbox"/>
IVC filter insertion	x	<input type="checkbox"/>	100%	<input type="checkbox"/>
Biliary Drainage	x	<input type="checkbox"/>	100%	<input type="checkbox"/>

**If you do not provide IR services 24/7, do you have formal written agreements and protocols with a neighbouring centre?**

<b>Procedure</b>	<b>Formal written Network</b>	<b>Recipient Centre</b>
Nephrostomy	Please indicate	
Endovascular Intervention	Please indicate	
Embolization	Please indicate	
TIPSS	Please indicate	
E-TEVAR	Please indicate	
E-EVAR	Please indicate	
IVC filter insertion	Please indicate	
Biliary Drainage	Please indicate	

**Domain: Providing Good Quality Care**

Which of the following does your service participate in?

	Weekly	Monthly	Every 2 months	Other
Departmental Discrepancy Meeting	<input type="checkbox"/>	<input type="checkbox"/>	x	
IR Team Meeting	<input type="checkbox"/>	<input type="checkbox"/>	x	
Morbidity and Mortality Meeting	<input type="checkbox"/>	<input type="checkbox"/>	x	
Do you have clinical MDTs in the areas that your services cover?	x	<input type="checkbox"/>	<input type="checkbox"/>	

Has your service conducted an audit of the above meetings in the last year?

Departmental Discrepancy	x	Multidisciplinary team	x	Morbidity and Mortality	x
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Each unit should produce an example of an audit /audit cycle in one of these areas with evidence of achievement

Specify the nature and outcome of the audit

Audit of patient information and procedural documentation / pause compliance led to major changes to protocols over several meetings and PDSA cycles over last 2 years.

Which of the following registries has you service contributed to in the last 6 months?

Registry		Registry		Registry	
BIAS Iliac Angioplasty	x	Biliary	<input type="checkbox"/>	NVD: AAA/EVAR	x
International Spinal Plasty	<input type="checkbox"/>	International Colorectal	<input type="checkbox"/>		

Exemplar sites must have completed an audit on their contribution to the BIAS registry in the last 12 months.

**Currently analysing 2013 data submission**

**Domain: Patient Focus**

Does your service provide written patient information for IR procedures? Near 100 %

Do your in-patients receive written information?  Yes  No (not always) however see below

Do your out-patients receive written information?  Yes  No

What is the source for written information: Source In house  RCR/BSIR

Has your service conducted an audit of patient information in the last year?  Yes  No

Please specify the nature and outcomes of this audit.

Poor information to non-vascular in-patients sporadically causing problems. From 2014 radiology nursing staff to visit non-emergency in-patients the day before procedure to discuss and provide written information as appropriate.

Does your service provide a pre Intervention Clinic?  Yes  No

If yes frequency:  Weekly  Every 2 weeks  Monthly

Does your service use the NPSA/WHO Safe Surgery (IR) checklist or similar?  Yes  No

Has your service audited the use of the NPSA Safe Surgery check list in the last year?  Yes  No

Compliance now 100%

## **Domain: Service Improvement**

We are keen that exemplar sites provide examples of service improvement in Interventional Radiology that we can share on the website and with other units. Your example should provide a solution that improved the local Interventional Radiology service. The example might, for example, describe how you have better utilised stock or solved a staffing issue etc.

**Please submit at least one example of service improvement using the following headings:**

### **What was the problem?**

Need to establish 24/7 rota but insufficient interventional radiologists (3.5 WTE) to make this robust.

### **What changes did you make?**

Agreement from 2 consultant colleagues who did some non-vascular intervention to additionally train to be able to both cover emergency interventional radiology procedures and alter job plans for more elective IR.

### **What were the key steps in making the changes happen?**

Management support from our own and neighbouring organization to backfill sessions while training.  
“Educational supervisor” and mentoring support, doubling up of on-call during an 18 month period.  
Job plan changes to maintain adequate daytime expertise and career progression once trained.  
Exposure to IR practice in other centres.  
Enthusiastic and capable colleagues who did not underestimate work required.  
Support from team nursing and radiographic staff.

**What improvements have you seen?**

Stable on-call IR rota and daytime IR availability  
New colleagues taking part in development of new IR services

**What would you do differently?**

New IR colleagues need support after training period officially ended and this should be recognised better than we managed. This experience was used to inform RCR/BSIR advice template for other organisations to learn from.

**Based on your responses to the questions above, please indicate which category you think your service fulfils.**

**Exemplar Site: already fulfils the main domains above**

**Pilot Site: cannot currently fulfil the domains but committed to working towards improvement**

**Further Comments**