



Standard Operating Procedure:

Alert for Redirection of FAST-Positive Patients during CT Scanner Failure

Table of contents

		Page
1	Objective	1
2	Scope	2
3	Process	3 – 6
4	Contacts	7
5	Escalation	8
6	Review & audit	8
7	Appendices	8

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1) Objective

This procedure describes contingency plans across Cumbria and Lancashire for the hyper-acute stroke pathway should a CT scanner fail in any site ***and existing internal contingency procedures are unable to absorb the impact.***

The objective is to ensure that suitable candidates for thrombolysis are not prevented from accessing the treatment by equipment failure.

2) Scope

This standard operating procedure sets out the procedure for:

- Alert and cascade systems for all stakeholders should a problem arise with a CT scanner that cannot be resolved internally
- Redirection of FAST positive patients
- Alert and cascade systems for all stakeholders for when CT scanners are repaired

Trust procedures for clinical governance and maintenance are out of scope of this procedure.

Internal Trust procedures for contingency in the case of CT scanner failure are provided as appendices in section 7.

Patients are currently admitted across eight geographical sites for thrombolysis treatment. These are:

Royal Blackburn Hospital
Royal Preston Hospital
Blackpool Victoria Hospital
Royal Lancaster Infirmary
Furness General Hospital
West Cumberland Hospital
Cumberland Infirmary
Southport and Formby District General Hospital

3) Process

The below maps describes how the Cumbria and Lancashire Network will aim to maintain hyper-acute service and optimise opportunities for thrombolysing suitable candidates in the event of a CT scanner failing. In each map, swimlanes indicate responsibility for each stage of the procedure

- Figure 1 shows the procedure to be initiated in the event of CT scanner failure
- Figure 2 shows the procedure to be initiated once the CT scanner is repaired
- Figure 3 shows contact lists for external alerts

Site	CT failure divert contingency plan
Royal Blackburn Hospital	Have existing internal contingency procedures to absorb the impact (2 scanners)
Royal Preston Hospital	Have existing internal contingency procedures to absorb the impact (2 scanners). If both scanners fail, patients will be transferred to BVH
Blackpool Victoria Hospital	Have existing internal contingency procedures to absorb the impact (2 scanners) If both scanners fail, patients will be transferred to RPH
Royal Lancaster Infirmary	Patient would be transferred to nearest (in time) thrombolysing hospital which would be RPH
Furness General Hospital	Patient would be transferred to nearest (in time) thrombolysing hospital which would be RLI
West Cumberland Hospital	Patient would be transferred to nearest (in time) thrombolysing hospital which would be FGH or CIC dependant on patients location
Cumberland Infirmary	Patient would be transferred to nearest (in time) thrombolysing hospital which would be WCH or Newcastle, dependant on patients location
Southport and Formby District General Hospital	Patient would be transferred to nearest (in time) thrombolysing hospital which would be either RPH or Aintree, dependant on patients location

Figure 1: SOP for CT scanner failure for FAST positive patients

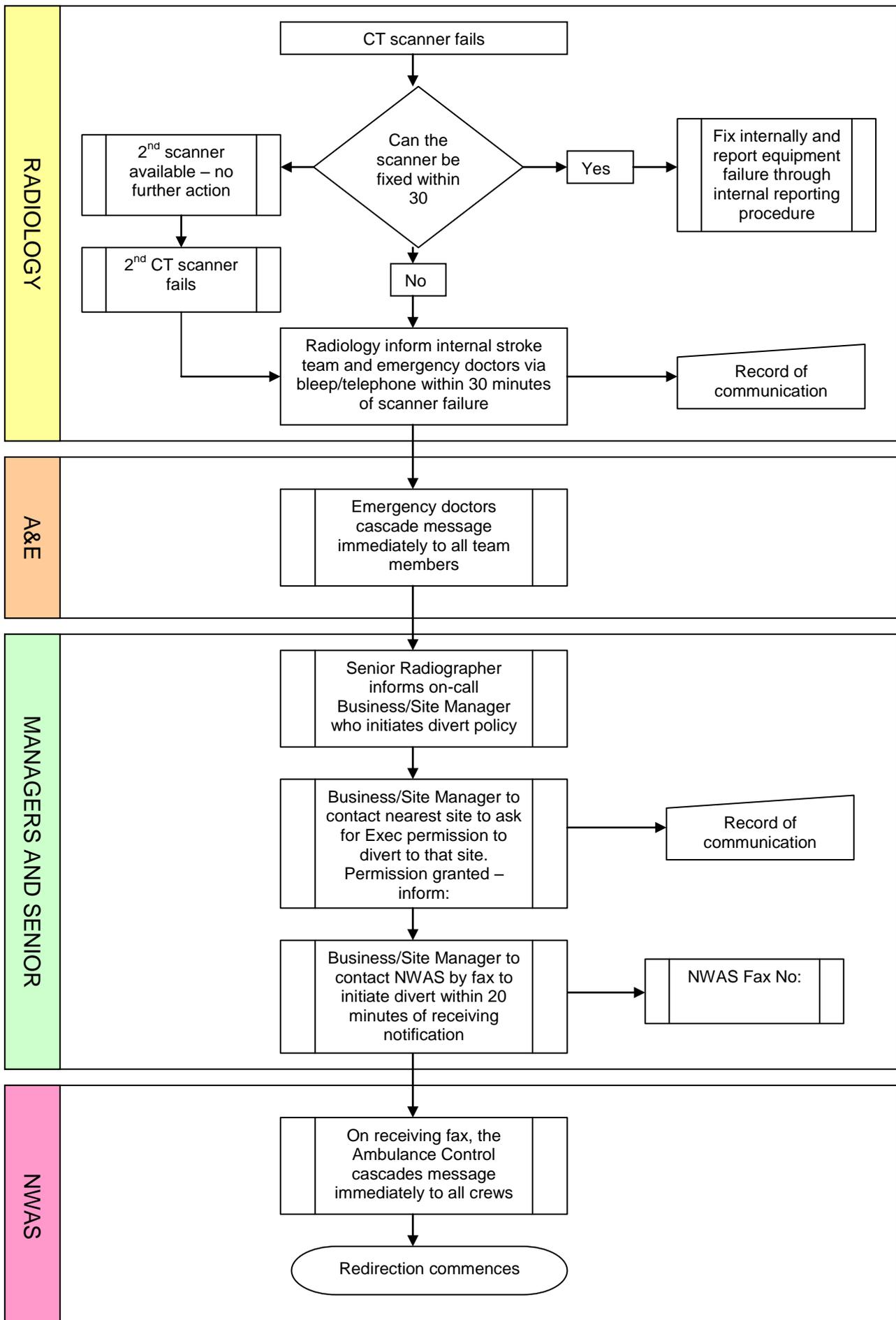
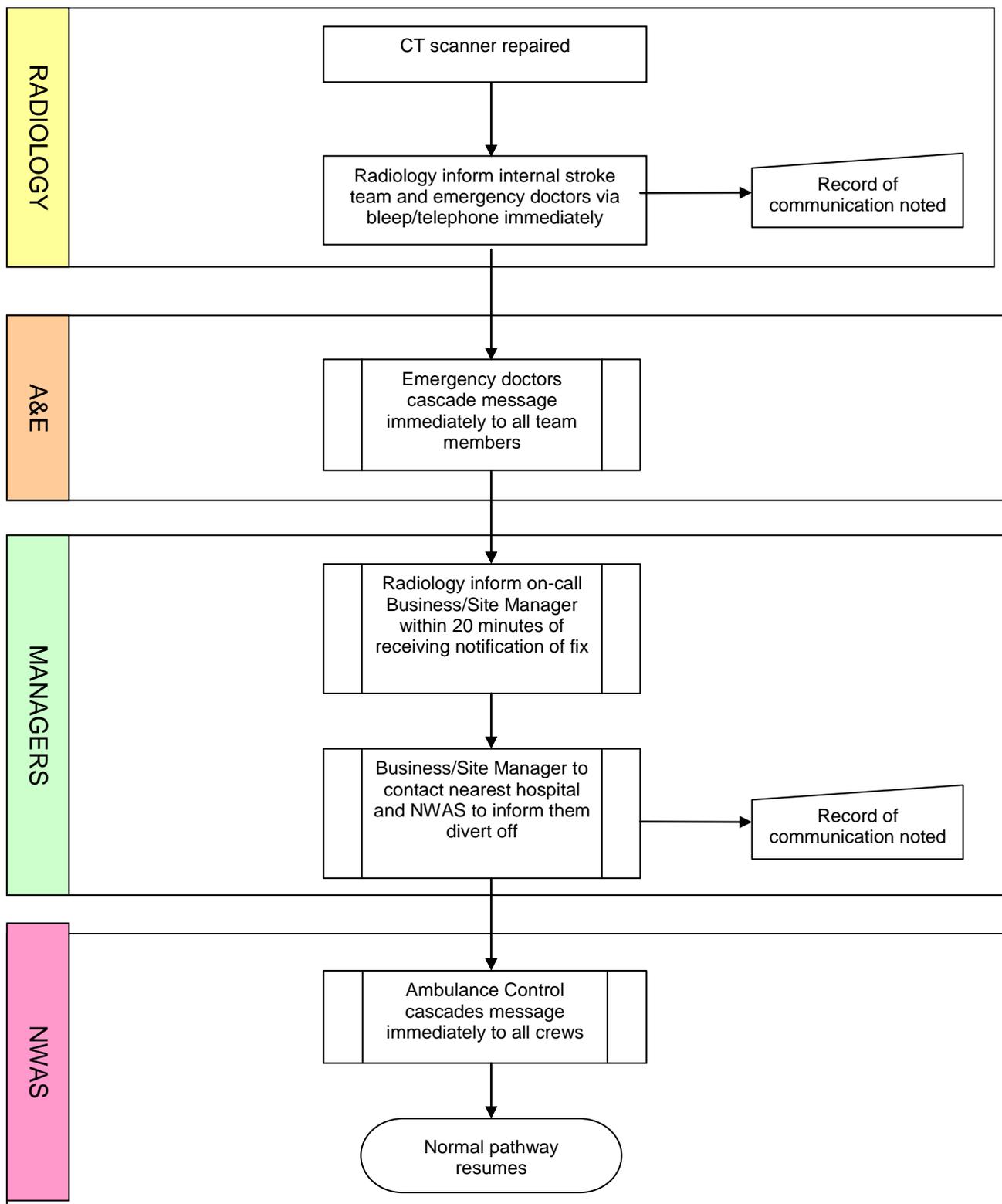


Figure 2: SOP for CT scanner repair





Cumbria and Lancashire Telestroke Network

4) Contacts

Figure 3: Contact Lists

ORGANISATION	DEPARTMENT	CONTACT 1		CONTACT 2		CONTACT 3	
		Name	Number	Name	Number	Name	Number
	Radiology						
	Emergency doctors						
	Stroke Team						
	Radiology						
	Emergency doctors						
	Stroke Team						
	Radiology						
	Emergency doctors						
	Stroke Team						
	Ambulance Control						

4) Escalation

If it becomes apparent that this procedure cannot be fulfilled at any point, an escalation should be made immediately by telephone to:

This escalation should be followed up by email, and the learning points will be shared across the Network by the Network Support Team.

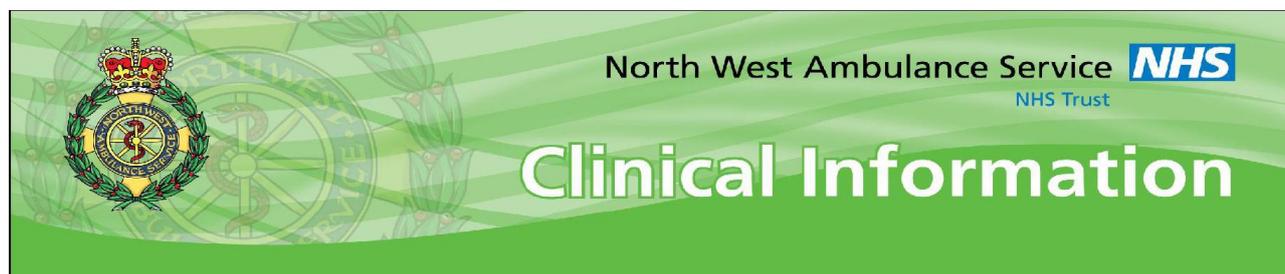
5) Review and audit

This procedure will be reviewed on an ad hoc basis at the Post-Implementation Monitoring meeting in light of any redirections which occur.

6) Appendices

Local Trust policies providing contingency for CT scanner failure which can be resolved without escalating to this network policy are detailed below:

APPENDIX 1



01 April 2010

CI074

Preston Stroke Thrombolysis Pilot
Changes to the patient pathway for access to
Stroke thrombolysis at Royal Preston Hospital

The access to acute stroke care in the early hours after onset of symptoms dramatically improves the outcome for stroke patients (National Stroke Strategy, DoH 2007).

Acute stroke care includes, for some patients, access to CT or MRI scanning and thrombolysis, which must be delivered within a short time of symptom onset. Additional specialist assessment and nursing also play a significant part in patient outcome.

Lancashire Teaching Hospitals Trust and Central Lancashire PCT have agreed to pilot the implementation of thrombolysis for patients with acute stroke from **0900 hours on 1st April 2010**.

During the six months pilot all patients presenting with a **positive FAST** and in the **Royal Preston Hospital catchment area only** will be conveyed to the Emergency Department on a stand-by or courtesy call.

Patients presenting with compromised vital signs should continue to be taken directly to ED as normal (**see attached flow chart**). The original plan was to introduce the stroke thrombolysis pathway/pre-alert after the Easter Bank Holiday, but due to circumstances beyond our control this date had to be brought forward, so please accept my apologies for the short notice.

Head of Service – Cumbria and Lancashire

OUT OF HOURS STROKE PATHWAY
(Monday – Friday 1830 – 0630 hours and all day Saturday and Sunday)

