Reducing Cancellations in Angiography

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Case Study Date | 1/9/24-16/3/26

SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

There was a feeling among angiography staff that there was an increased number of cancellations on their lists. Agreed a project to explore the primary reason as to the number of cancellations.

SMART AIM

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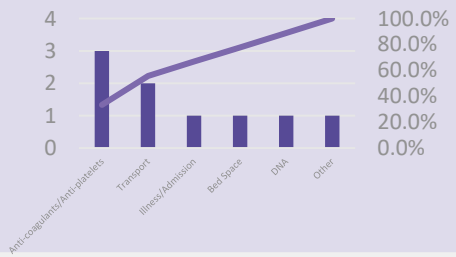
To identify the primary reason for cancellations. Apply an intervention in order to reduce the number cancellations by a minimum of 1, in planned angiography procedures in Room 4 of the radiology department by 16/3/26

PLAN

Due to the indication of this project as per the reasons above the following plan was agreed among the vascular consultant and the angiography team:

1. Liaise with angiography staff to record number and reason for cancellations.
2. Collect data over a 3-month period to identify varying causes of cancellations.
3. Address the primary cause through use of a pareto chart.
4. Identified issue was cessation of anti-platelets and anti-coagulants.



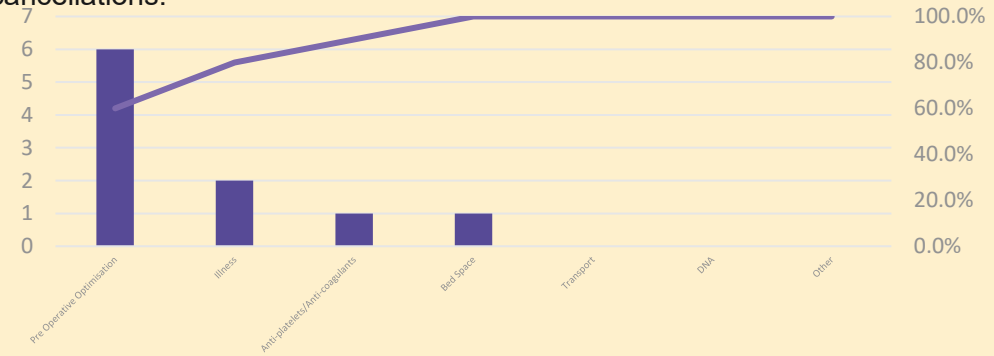
DO

The collected data included basic demographics, procedure and operating surgeon for all vascular patients listed between 1/9/24-9/12/24. This showed a total of 89 procedures of which there were 9 cancellations.

Antiplatelet and anti-coagulant cessation was identified as the primary cause of cancellations. However, outpatient letters for angiography did not outline advice for withholding these medications and so, this became our focus of change. Therefore, a new patient letter was drafted and published specifically for patients attending for planned procedures in room 4 angiography.

STUDY

Data collection was repeated between 14/1/26-20/3/26 which showed out of the 73 scheduled cases in angiography room 4. There were 10 cancellations overall. 6 of which were in early March alone. However, the primary reason for cancellation, after the roll out of the new outpatient letter providing information on withholding anti-platelet and anti-coagulation, was now pre-operative optimisation. Often due to blood pressures to high to initiate the procedure but instances of pre-operative anaemia and side effects of pre-medications. Overall, this project demonstrated a positive change by reducing the number of cancellations due to continued use of anti-platelets and anti-coagulants pre-operatively by **66%.** Whilst also identifying a new factor to address in reducing cancellations.



ACT

After the results of this second cycle of data collection. We will present this Quality Improvement Project at the next Vascular/IR department governance meeting in May to identify potential solutions aiming to reduce cancellations and optimise pre-operative care.

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