The impact of service creep on delivering Interventional Radiology within a District General Hospital

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Background

RCR guidance recommend interventional radiology services are periodically reviewed for patient safety and to help plan for developments.

Method

Retrospective review of data on Wye Valley PACS and RIS between 2014 to 2016. The time taken for examinations was determined from RIS as well as agreed departmental staffing allocation time for individual procedures. Excel Pivot table analysis tools were used to perform calculations. The financial impact of intervention was calculated by determining the average salary of each staffing group involved. Mammography services not audited.

RESULTS

Nephrostomies/nephrostograms increased by 26% in the past year and 54.5% since 2014. CT interventions have shown an increase of 59.6% in the last year and 135% since 2014, an additional resource requirement of 171 staff hours, reflected as an increase of financial staffing resources of £4,061.82.

Percutaneous Transhepatic Cholangioplasty, a procedure typically taking 3 hours involving three to four staff sometimes involving two Consultants have increased by 130% since 2014.

MSK arthograms have increased by 43% since 2014 and US guided injections exhibiting a 561% since 2014.

Discussion

Radiologists performed 2.6 Consultants worth of work. Only 3 formal sessions were assigned. The rest was carried out as extra work. Massive increase in workload. Mammography not audited.

Recommendations

Audit mammography services
Create formal interventional sessions
Calculate equipment costs including perishables

Reference

- Standards for providing a 24-hour interventional radiology service, second edition
- Provision of interventional radiology services, The Royal College of Radiologists in association with the British society of interventional Radiology