

Standard Operating Procedure

Body, IR and Neuro Imaging during the Covid-19 Pandemic

Refer also to following SOP(s) / Other Imaging Documents:

Refer to Risk Assessment: N/A

Refer to COSHH Assessment: N/A

Location(s): BSUH

Author: Emma Simpson Faye Cuthbert

Issue No:1

Manager responsible (name): Katherine Day

Manager responsible (post): Imaging Services
Manager

Approving Committee: Silver Command
Committee

Date of Approval: 9th April 2020

Issue date:
30th March 2020

Review date:
October 2020

INDEX

1. INTRODUCTION
2. READERSHIP
3. ROLES & RESPONSIBILITY
4. EQUIPMENT
5. HAZARDS and SAFETY and RADIATION PROTECTION
6. PROCEDURE / SYSTEMS IN PLACE
7. MONITORING & QUALITY CONTROL
8. DISSEMINATION
9. REFERENCES
10. APPENDICES / RELATED DOCUMENTS
11. DOCUMENT HISTORY

1. INTRODUCTION

Ensuring the safety and best care of patients is our primary concern at all times. Given the impact of Covid-19, a pragmatic approach for the management of all imaging studies is required while it continues to affect our services. The usual diagnostic and treatment pathway will not be sustainable during this time, and imaging requests need to be rationalised to ensure resources are focused on the most clinically appropriate cases.

We have to minimise outpatient attendance to reduce the COVID-19 risk to patients and hospital staff. The risk of infection outweighs the need for outpatient imaging in all but the most urgent cases. In addition, plain film and CT are likely to be vital resources for the respiratory/ITU teams.

This document details the process for cancelling and postponing non-urgent imaging during the Covid-19 pandemic, and risk stratifying those cases that do require urgent imaging. Where we refer to the term 'Covid cancelled' this means an imaging request will be vetted and assigned urgency 1,5 or 8 (see below), then postponed for approximately 2-4 months until the impact of the virus reduces, using a dedicated code on our CRIS system (CHCV19). Thereafter the patient will be recalled and given an appointment in order of date of referral and priority, if the imaging request is still relevant.

We know that this strategy will have an impact on patients, but it is driven by the need to keep everyone safe while Covid-19 continues to affect clinical care. The strategy has a number of 'safety nets' to ensure patients who need urgent imaging get it in a timely manner.

2. DEFINITIONS

Prioritisation of Urgency

- 1 – routine work
- 5 – urgent work, to be appointed within 4 weeks
- 8 – urgent on a cancer pathway, 2 weeks

CHCV19 code

This is a CRIS code assigned to all imaging cancelled due to Covid-19. The description that appears in CRIS is 'HospitalCanc CV-19'. After Covid-19 abates, all requests assigned this code will be recalled and the patient will be appointed if the scan is still relevant.

Please note, standard CRIS workflow when rescheduling a hospital cancelled request is to save with the appropriate Hospital Cancel code before adding immediately back as a request. For Covid-19 cancellations this will cause considerable rework as events would be continually added back to the list for consultant review. Therefore, it is essential that any request that has been postponed due to Covid-19 **remains a Hospital Cancel in CRIS** – this will allow for easy monitoring while also making the genuinely urgent work that does need to be performed during this period easier to identify.

Scans will be booked 'when safe'

After the Covid-19 surge and relaxation of social distancing measures, this is predicted to be at around 2-4 months

For Radiology Consultant vetting of procedures

- VR – vetting referred
- VW – vetting waiting
- VC – vetting complete

3. READERSHIP

- All imaging consultants and registrars
- Vetting radiographers and sonographers
- Bookings team
- Modality leads
- Hospital consultants referring for imaging at BSUH

4. ROLES AND RESPONSIBILITIES

- All radiology consultants –
 - Take responsibility for vetting all urgent '8' scans and those on the VR list (see instructions appendix 1 and vetting SOP)
 - liaise with clinicians when a cancelled scan is re-submitted
- Vetting radiographers and sonographers –
 - Take responsibility for vetting imaging requested, see section 7 below for full details
- Bookings team –
 - Liaise with patients, radiology consultants, referring consultants and MDM co-ordinators where appropriate
- Hospital consultants referring for imaging at BSUH -
 - Review weekly list of CHCV-19 cancelled scans for patients
 - Resubmit any that are required during the Covid-19 crisis. Liaise with your MDM radiologists, or the radiology troubleshooting consultant **x67777 (body imaging), x8211 (neuroimaging), x4240 (interventional radiology)**
 - Inform the radiology bookings team if the requested scan is no longer required

5. EQUIPMENT

CRIS vetting list

6. HAZARDS and SAFETY and RADIATION PROTECTION

This SOP is to minimise unnecessary outpatient attendances to the hospital for the protection of patients, staff and the general population

Any patients postponed due to Covid-19 must be cancelled using the 'CHCV-19' CRIS code (see appendix 1 and vetting SOP for instructions)

7. PROCEDURE / SYSTEMS – see summary flow chart appendix 2

Routine imaging - adult imaging requests coded 1 and 5

- Routine '1' and '5' scans will be reviewed and justified by vetting radiographers/sonographers and then cancelled using the CHCV-19 CRIS code. If the request is considered unjustified, return to the referrer as per standard practice.
- Routine '1' and urgent '5' scans that are requested to assess post chemotherapy/post treatment response should be put on VR list by the vetting radiographer for the attention of the radiology consultant

Due to high numbers, routine '1' and '5' requests will not be individually reviewed by a radiology consultant

- Lists of all cancelled scans to be sent weekly by email to all referring consultants in an excel spreadsheet for their review and consideration
- If the referring consultant would like any CHCV19 cancelled patient scanned as urgent they must communicate with radiology for booking (directly to relevant radiology consultant group or troubleshooting radiology consultant). When rebooked, radiology consultant must document in 'event details' that this is agreed

Urgent scans – coded '8'

- Vetting radiographers to check the VW list. Patient details and CIN risk to be checked as initial screening of requests
- Vetting radiographer to vet protocol as appropriate, but then add to VR list for review by Radiology Consultant
- Radiology consultants to re-vet (VR patients) and either cancel using CHCV19 CRIS code or continue as urgent
- A list of cancelled scans will be sent weekly by email to all referring consultants as above

Each subspecialty radiology group to vet their own work

- RXHGEN - breast radiologists/TS consultant x67777
- RXHORTH – John Bush/Rosie Scott/Helen Anderson/David Yu
- RXHGI – Graham Dodge/Simonne Tryb/Phil Thompson/Gareth Lewis
- RXHGYN – Lavanya Vitta/Faye Cuthbert/Jonathan Richenberg/Nigel Marchbank
- RXHUROL – Phil Thompson/Emma Simpson/Faye Cuthbert/Jonathan Richenberg
- RXHSKIN – Emma Simpson
- RXHHAN – Charlie Sayer/Ting Ting Zhang
- RXHCHES – Charlie Sayer/Nigel Marchbank/Ting Ting Zhang/Joon Lee
- RXHNEURO – Ram Vundavalli/Nick Skipper/neuroradiology x8211
- RXHHAEM – Graham Dodge/John Bush/Chloe Mortensen
- RXHCARD – Joon Lee

- RXHVAS/IR – Yuri Gupta/Dhiraj Joshi/Bhaskar Ganai/Gareth Lewis/Chloe Mortensen/Malcolm Johnston

New requests

- Any scan that referring clinicians wish to proceed with urgently despite Covid-19, please state in the free text – ‘yes during Covid-19’, or ‘no can wait’
- **Only radiology consultant vetted scans will be performed during Covid-19 as out patient**

Safety Nets

- Scans cancelled must be cancelled using the CHCV19 CRIS code and the booking team will recall when safe (see appendix 2). This means vetted scans keep their code (1, 5 or 8) and will be prioritised according to referral date and urgency after the surge and relaxation of social distancing measures
- List of CHCV-19 cancelled scans 1, 5 and 8 will be emailed weekly to referrers and they may take responsibility for ensuring this is acceptable. If consultants are redeployed, they may consider arranging cover within their own teams
- When booking team cancel cancer patients over the phone they are counselled to contact their referring consultant, GP or CNS urgently if they develop new symptoms not related to Covid-19/flu like illness. If they remain well they should await new scan date after Covid-19 crisis.

8. MONITORING & QUALITY CONTROL

Developmental Outcome Measure	Monitoring Outcome Measure	Frequency	Responsibility for performing monitoring	Where is monitoring reported and who will be responsible for progressing and reviewing action

9. DISSEMINATION

Insert hyperlink to Dissemination SOP (once available)

10. REFERENCES

11. APPENDICES / RELATED DOCUMENTS

12. DOCUMENT HISTORY/REVIEW

Document Name

Body, IR and Neuro Imaging during
the Covid-19 Pandemic

Current Filename

sop general imaging
prioritisation c19

<u>Issue</u>	<u>Date</u>	<u>Review Details</u>
1	30 th March 2020	First issue
2		
3		
4		
5		
6		

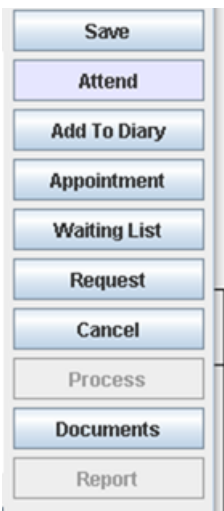
Appendix 1

How to cancel appointments on CRIS

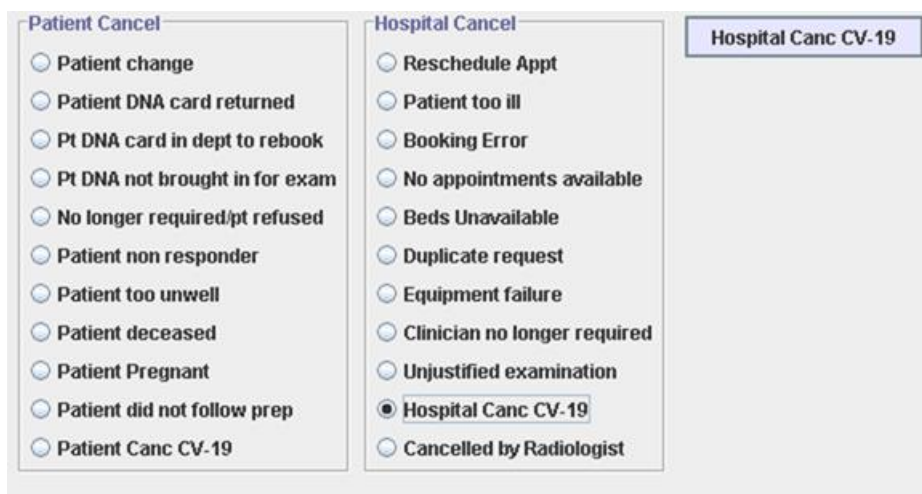
Go to appointments list selecting site room and modality and click list

Select individual patient and review clinical details.

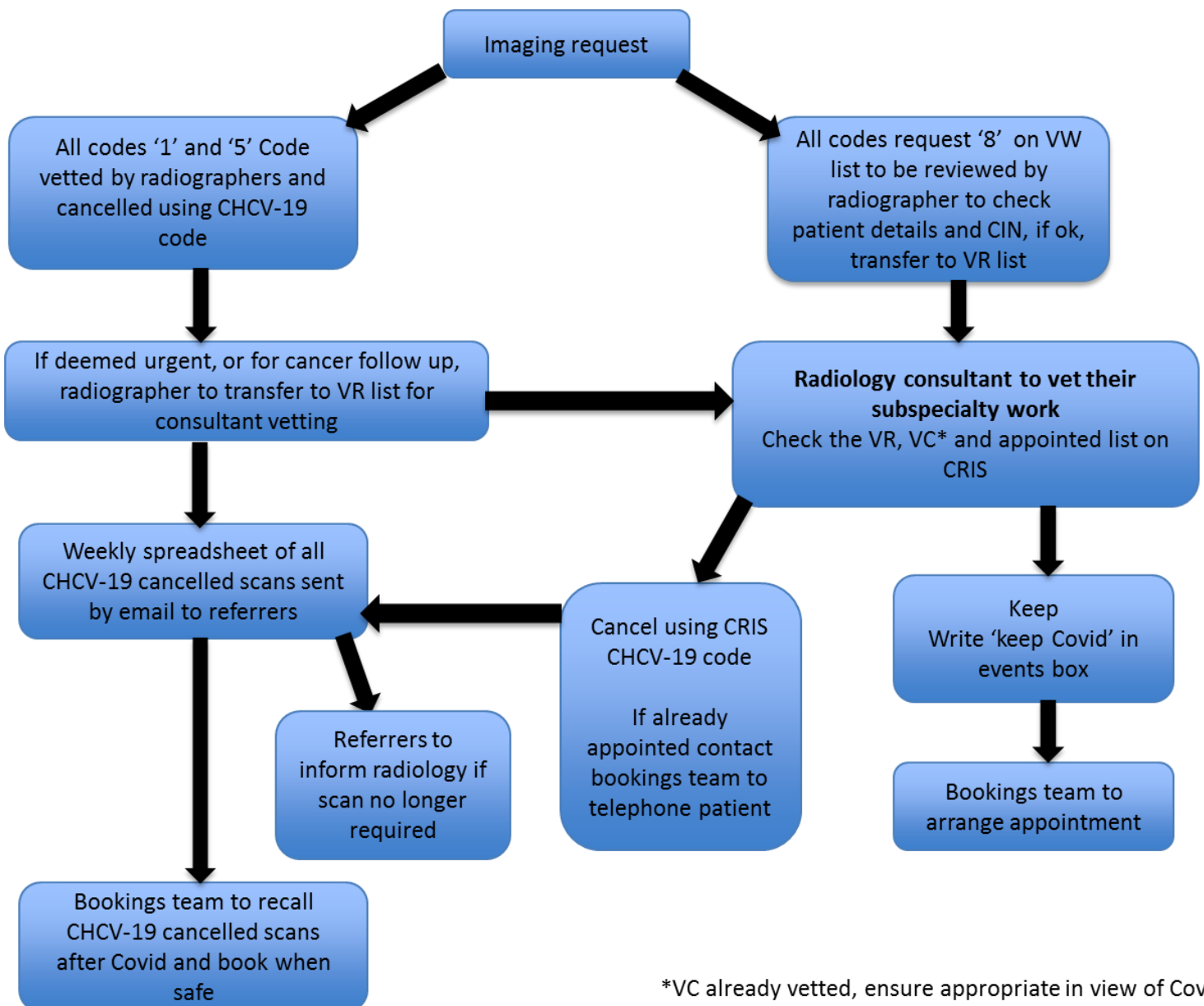
In event details select cancel



Click and then select CHCV-19



Appendix 2



*VC already vetted, ensure appropriate in view of Covid