**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 textbox will be available for entry**.**

**Save the form with a filename that indicates your site.**

**This questionnaire should be submitted by email to** qi-admin@bsir.org

**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       Date of Completion

Contact email:      Application discussed with relevant colleagues ? [ ] Yes [ ] No

Phone number(s)

Name of local lead for this BSIRQI site       Name of organisation

Contact email:

**About Your Unit**

Name of Unit

Number of Radiologists (WTE) overall       Number of Interventional Radiologists (WTE)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referral service** |  | **Referral service** |  | **Referral service** |  |
| Acute Medical |  | Acute Surgical |  | Urology services |  |
| Trauma |  |  |  | Renal Services |  |
| Renal dialysis  |  | Obstetric services |  | Gynaecology services |  |
| Oncology Services |  |  |  | HPB |  |
| Gastrointestinal Intervention |  |  |  |  |  |

**Are you a major trauma centre?**  [ ] Yes [ ] No

**Do you have (access to) day beds** [ ] Yes [ ] No

**Domain: Defining Scope of Services**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Procedure** | **Provided in this unit** | **Formal referral pathway to neighbouring centre** | **No provision and no formal pathway** |
| Nephrostomy | [ ]  | [ ]  | [ ]  |
| Biliary drainage / stenting | [ ]  | [ ]  | [ ]  |
| GI stenting | [ ]  | [ ]  | [ ]  |
| Endovascular Intervention (angioplasty/stent lysis) | [ ]  | [ ]  | [ ]  |
| Embolisation- GI haemorrhage  | [ ]  | [ ]  | [ ]  |
| Embolisation- Trauma | [ ]  | [ ]  | [ ]  |
| Embolisation- iatrogenic injury | [ ]  | [ ]  | [ ]  |
| Embolisation- obstetric haemorrhage | [ ]  | [ ]  | [ ]  |
| FEVAR – complex endovascular repair | [ ]  | [ ]  | [ ]  |
| Uterine Fibroid Embolisation | [ ]  | [ ]  | [ ]  |
| Interventional Oncology | [ ]  | [ ]  | [ ]  |
| Renal access intervention | **[ ]**  | **[ ]**  | **[ ]**  |
| Vascular access | **[ ]**  | **[ ]**  | **[ ]**  |
| Venous intervention | **[ ]**  | **[ ]**  | **[ ]**  |
| IVC filter insertion  | **[ ]**  | **[ ]**  | **[ ]**  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure** | **Formal Rota** | **Adhoc Rota** | **% of Time Covered** | **Not Available** |
| Nephrostomy | [ ]  | [ ]  |       | [ ]  |
| Peripheral Intervention | [ ]  | [ ]  |       | [ ]  |
| Emergency embolization | [ ]  | [ ]  |       | [ ]  |
| TIPSS | [ ]  | [ ]  |       | [ ]  |
| E- TEVAR | [ ]  | [ ]  |       | [ ]  |
| E-EVAR | [ ]  | [ ]  |       | [ ]  |
| IVC filter insertion  | [ ]  | [ ]  |       | [ ]  |
| Biliary Drainage | [ ]  | [ ]  |       | [ ]  |
| Abscess Drainage | [ ]  | [ ]  |       | [ ]  |

**For out of hours cases who would typically attend? (Free text)**

 [ ]

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

|  |  |  |
| --- | --- | --- |
| **Procedure** | **Formal written Network**  | **Recipient Centre** |
| Nephrostomy |  |       |
| Peripheral Intervention |  |       |
| Embolization (ob/GI/trauma) |  |       |
| TIPSS |  |       |
| E-TEVAR |  |       |
| E-EVAR |  |       |
| IVC filter insertion  |  |       |
| Biliary Drainage  |  |       |
| Abscess Drainage  |  |       |

**Domain: Providing Good Quality Care**

Which of the following does your service participate in? How often do these meetings occur?

|  |  |  |
| --- | --- | --- |
| IR Team Meeting  | [ ]  |       |
| IR Morbidity and Mortality Meeting | [ ]  |       |

Have you reported any device issues to MHRA in the last year?

How many?

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Registry** |  | **Registry** |  | **Registry** |  |
| NVD/peripheral vascular | [ ]  | Biliary | [ ]  | NVD: AAA/EVAR | [ ]  |
|  |  |  | [ ]  |  |  |

Proportion of cases submitted to NVD in last 6/12 months?

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

Have you audited its use? [ ] Yes [ ] No

**Domain: Patient Focus**

Does your service provide written patient information for IR procedures? [ ] Yes [ ] No

Do you make arrangements for written information for in-patients? [ ] Yes [ ] No

Has your service ever conducted an audit of patientconsent? [ ] Yes [ ] No

What were the findings?

Does your service provide an Interventional Clinic? [ ] Yes [ ]  No

If yes frequency: [ ]  Weekly [ ]  Every 2 weeks [ ]  Monthly [ ]  Other (specify)

Comments:

Do you have job plan time for other clinical work? [ ] Yes [ ] No

Please specify arrangements (Free text)

[ ]

**Domain: Service Improvement – this information may be shared via website**

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. Examples might describe how you have improved patient experience or safety, 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?**

**What changes did you make?**

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

**What improvements have you seen?**

**What would you do differently?**

**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 (Free text)**