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Abstract 9: OSCRIS; An Efficient and Patient preferred Cardiac CT service



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Introduction: CT Coronary Angiography (CTCA) is the first line investigation for stable chest pain. Our novel CTCA service, **One Stop Cardio Radiology Integrated Service (OSCRIS)** started in 2012. We present data on the effectiveness and success of OSCRIS.

Methods: OSCRIS combines acquisition and a cardiologist consultation in a single appointment. The team comprises of a radiologist, a cardiologist, two CT-trained radiographers, and an assistant. Radiologist vets request, appointments are sent out. On the appointment day, after the scan, a joint Cardioradiology report produced which is communicated to the patient along with the management plan by a cardiologist in contrast to the Standard CT Patient Pathway (SCTPP) service (Fig.1). Since inception, the annual CTCA studies have increased exponentially (Fig.2). A retrospective audit and the patient survey was conducted (Table 1).

Results: The study period comprised 2014-15. In 2014, out of 376 CTCA studies, 81 (21.54%) and, in 2015, 135 (18%) out of 758 were

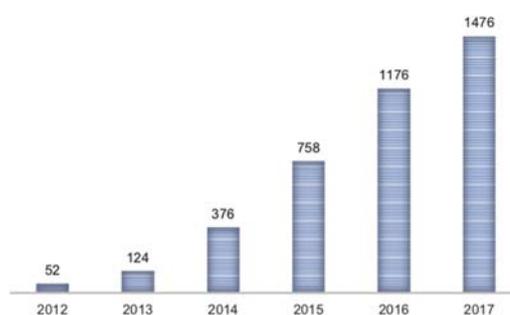


Fig. 2. CTCA studies per year.

Table 1

OSCRIS Audit.

Total studies	Normal Studies	Early CAD	ICA referral	Discharge from OSCRIS
2014 376	42.5%	35%	21.5%	78.4%
2015 758	44%	38%	18%	82.1%

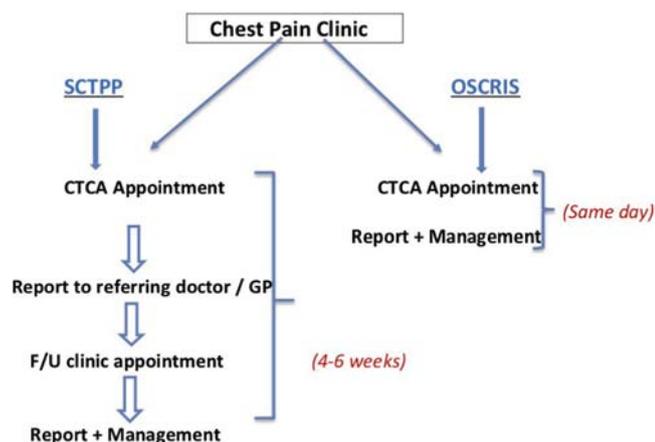


Fig. 1. OSCRIS and SCTPP model.

referred for Invasive Coronary Angiography (ICA). Patients with normal CTCA and early coronary artery disease (CAD) were discharged to primary care. The latter received preventive statin therapy. Therefore, the OSCRIS model reduced follow-up clinic appointments by 295 (78.45%) in 2014 and 623 (82.10%) in 2015 respectively. OSCRIS allowed early statin therapy for CAD patients and reduced the delay in ICA appointments. The patient satisfaction survey revealed that 98% of patients preferred OSCRIS over SCTPP.

Conclusions: The audit result and the patient survey reflect the efficiency and patient preference for OSCRIS. It allows the reduction of clinic appointments and leads to earlier intervention. We would like to propose OSCRIS as the model of choice for cardiac CT service.

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