13/10/20

Lucy Wales Newcastle

① 20 week pathway - Ischaemic.

Q1 77% urgent revascn
No one discharge pt

Q2 Approach - All inoue.
No vein → endovascular - inflow not a problem - good pressures
? graft on vein
Actually - can misunderstood good flow inlue to good supply to foot
pt discharged

Q3 will it heal 30 week pathway
Improve pathway - Cow system - needs review

Best Practice Vascular Pt.
Improve Care
QI Program Improving Care

② Alistair McCleary (York)
Critical Isch Ancient Patient
93 R.P ulcer foot - independent - no Vascular Lab!
22 wait + see
- 63% endo
16 Readmitted → fem PTA bypass - spliced GSV
6 days - Rehab - home 3 weeks
3/12 postop cellulitis - 10cm/s - physician - 'patent'
Would PTA - Vasc not infused → home - 4/52 - Rest pain sweet food
46% amp 29% endovas 12% redo
→ pt had AKA chest infection discharged 10/7
No physio Card, stump loaded - left ulcer telephone.
2 SFA stenosis → angio - Fup - ulcer healed - awaiting limb

(3) Dave Bosquenet.

Percieve amputation decision making

Surgeons poor ~~at~~ at predicting what happens to pt.

(4) Sophie Renton

length of stump allows for prosthetic mobility

Cow - are they losing pt responsibility.

↗ large nº of pts - communication breakdown but more

benefits - vulnerability → 2 cons of week.

Handover - Conflict if new cow has different opinion

On call → Cow - ownership of pts admitted

Cross cover if concerns.

ownership + continuity makes a difference

\- Communication - team approach.

Photographs - ↑p in monitoring wounds
+ objective measurements
WIfI score - delays due to subjective clinical evaluation

Medical Support in decision making - Care of Elderly physician

QIP PAD

Rehab physician would like more early involvement.