Abdominal Aortic Aneurysm (AAA) Screening

Elizabeth Rennie
Aim of the AAA Screening Programme

• Reduce the mortality rate associated with the risk of rupture in men aged 65 years and older.
• Shift the balance of care from reactive emergency management to elective management.
• Provide a consistent high quality screening programme.
• Ensure the effective co-ordination of AAA screening activities in Scotland.
Overview of the AAA Screening Programme

Cohort

- All male participants who are aged 65 at the time of go live are considered part of the eligible cohort
- The community health index (CHI) is used to provide the demographic details of the participant.
- Call and Recall will cover both NHS Greater Glasgow & Clyde and Forth Valley
Projected Figures for AAA Screening

NHS GG&C source data NSD 2011

Eligible population 5266

Attend first scan 4785

Surveillance/repeat scans 343

New positive for AAA 193

New negatives for AAA 4564

Small Aneurysms 137
Medium Aneurysms 33
Large Aneurysm 23
AAA Screening Episode

Select Participants

Appoint / Remind for Screening

Take Scan

Aneurysm Found

No Aneurysm

DNA / CNA

3.0cm – 4.4cm

4.5cm – 5.4cm

5.5cm or greater

Record Result / Notify Result

Annual Scan

3 Monthly Scan

Refer

Discharge from Programme

Discharge from Programme
AAA Application Screening modules

• **Call and Recall** will cover the population of:-
  NHS Greater Glasgow & Clyde & NHS Forth Valley

• **Screening/ Sonographer** will scan residents of :-
  NHS Greater Glasgow & Clyde

• **Vascular Services** will deal with participants referred from:-
  NHS Greater Glasgow & Clyde
  Argyll & Bute area
  Island of Barra
Key Performance Indicators
Essential Criteria

Invitation and attendance

- 90% of eligible population are offered screening.
- 70% uptake
- 90% of those identified for surveillance attend.
Minimising Harm

• < 3% of screening encounters where the aorta could not be visualised.

• > 96% accurate calliper placement determined by review of static image.
Key Performance Indicators

Essential Criteria

Results

➢ 97% of results are communicated on the same day

Referrals

➢ 75% are seen by a vascular specialist within 10 working days from referral.

➢ 60% are deemed appropriate for intervention or operated on within 40 working days from referral.
Key Performance Indicators
Essential Criteria

Outcome post treatment
< 5% 30 day mortality rate following elective AAA surgery.

< 4% 30 day mortality rate following EVAR intervention
Any Questions?
AAA Screening
Call and Recall

Elizabeth Rennie
Programme Manager
Screening Department
Screening Department

• Currently based at Templeton Business Centre, 62 Templeton St, Glasgow G40 1DA

• Deal with the administration and management of:-
  – Scottish Immunisation Recall System
  – Child Health Surveillance System – Pre School and School
  – Newborn hearing screening
  – Pregnancy and Newborn screening
  – Cervical Cytology Screening
  – Diabetic Retinopathy Screening
  – Bowel Screening – Positive referrals
  – Pre- School Vision Screening
Screening Locations

• Stobhill ACH
• Victoria ACH
• Others to be determined

Initially 12 participants per session will be invited to attend for AAA Screening.
Call/Recall process

• Screeners/sonographers will advise call/recall of the available sessions at least 6 weeks in advance of a clinic.

• Appointments will be issued at least 3 weeks in advance

• Participant attends – result letter issued and if appropriate participant will be given a new recall date dependant on the result of the previous scan.

• Participant Does Not Attend – reminder letter issued as soon as DNA updated on AAA application.

• If participant does not get in touch within 30 days after the reminder letter is issued a non responder letter is issued.

• If still no contact 30 days after the non responder letter is issued the AAA application is updated automatically to reflect the participant is a defaulter.

• Referrals to Vascular will remove the participant from the eligible cohort but an outcome from vascular is required to close the call and recall episode of care.
Referral to Vascular

- If the measurement is greater than or equal to 5.5cm a referral message is sent to medical records via SCI Gateway.
- Medical records will appoint to the vascular service.
- Vascular services will update the AAA application with an outcome from the appointment.
- Participant is removed from the screening cohort.
Failsafe

- The Screening Department will view the eligible cohort and will be able to ascertain if there are participants who are overdue.
- This will lead to a discussion with the screeners/sonographers regarding availability of screening sessions.
- A query will be run to ascertain that the correct number of referrals have been sent to SCI Gateway.
- The Screening Department will receive a report if a participant has been referred to Vascular but no outcome has been added to the AAA database after a specified number of days.
- Programme Manager’s paranoia😊
Outputs

Printed and posted from the central print site

• Appointment letters
• Reminder letters
• Non Responder letters
• Opted Out letters
• Result letters
Any Questions

❓
AAA Screening
Ultrasound Scan

Frith Noble
Sonographer / Lead Screener

31st January 2013
Male arrives for screening
Male hands practitioner invite letter
Details checked against clinic list on laptop
Male invited to wait
Male called for pre-Clerk
explains procedure, risks
and outcomes
obtains relevant information/data
Consent Obtained?

Sheet on bench changed
Transducer cleaned
washes hands
Machine readied for next image collection
Male invited by To enter scan area

Demographics checked
checklist carried out

Measurement taken
Scan undertaken & explanation of scan given

No aneurysm found
Aneurysm found

Size is given to partner practitioner

Patient image is captured and saved. Patient invited to clean off gel & get off table
checks DOB

Male told of aneurysm and size

pt provided with information and describes pathway

Male told that surveillance appointment will be sent in due course

Male told that surveillance appointment will be sent in due course

Measurement taken

Male is told that referral to vascular services is needed
Referral flagged and drafted on system
Male provided with information and questions regarding referral answered
Male told that vascular appointment will be sent in ** weeks

Male leaves

Pink – Pre scan
Blue – Scan
Green – Post scan
NHS Scotland - Scottish AAA Call Recall System - Version 1.0

Username: 
Password: 

[Login]  [Change Password]

Waxing

The National Abdominal Aortic Aneurysm Call Re-Call Management System gives access to confidential patient data. Users of the system are authorized to access information solely on Men for whom they are providing clinical, administrative or vascular services. Access to information is subject to continuous audit. Misuse of the system may constitute a breach of codes of confidentiality and/or a criminal offence that may lead to disciplinary action and/or criminal prosecution.
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Worklist 202 28 Jul 2012 Grampian FSH

**Summary**

- **Name:** NAEN, DAMO
- **CH Address:** 82 HOLLYWOOD LANE, ORANFISAN, ABER 22N
- **Sex:** Male
- **NHS Board:** NHS Grampian
- **GP Practice:** N3000
- **Date of Birth:** 21 Apr 1947
- **Notes:** Yes

**Management**

- **Status:** Initial
- **Annual Scan:** 19 Jul 2012
- **Call Date:** 21 Apr 2012
- **Last Result:**
- **Last Advice:**
- **Verify:**

**Actions:**
- **Cancel**
- **Save**
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Worklist 28 Jul 2012 Grampian P50

Scan Result:
- CH Number: 280347057
- Name: MARTIN, ASTON
- Date of Procedure: 
- Recall: Please select...
- APE Measurement: 
- APT Measurement: 
- Reason For No Recall: Please select...
- Result Note: 
- Second Option: 
- Result Confirmed: 

Previous Results:
- Accession No: AAA6039022
- Scan Date: 24 Jul 2012
- Recall Status: Unscreened
- Recall Advice: 3 Months
- Result: 4.50
- Result Type: Positive
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Scan Result:

- **Patient ID:** 2013475657
- **Name:** MARTIN, ASTON
- **Date of Procedure:** 28 Jul 2012
- **Recall:** 3 Months
- **APL Measurement:** 4.50 cm
- **APT Measurement:** 4.50 cm

Previous Results:

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CHI Number: 2001475039
Name: DRAWS, CHESTER
Date of Procedure: 
Recall: 12 Months
APL Measurement: 3.1 cm
APT Measurement: 3.1 cm
Reason For No Result: Please select ...
Result Note: Record any notes relevant to why you are seeking a second opinion.
Second Opinion: 
Result Confirmed: 

Previous Results

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CHI Number: 1205451158
Name: ZANOTTI, Oscar Quinn
Date of Procedure: 
Recall: Immediate Recall
APL Measurement: cm
APT Measurement: cm
Reason For No Result: Please select ...
Result Note: Please select ...
Declined screening during attendance
Aorta non-visualised – technical failure
Aorta non-visualised – physical barrier
Clinically unsuitable for portable screening
Incomplete Measurements
Too Many Measurements
Second Opinion: 
Result Confirmed: 

Previous Results:
No records to display
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Worklist 365 25 Jul 2012 Grampian FSO

**Worklist Summary Status**

- Number of Expected Participants: 4
- Number of Participants Seen: 4
- Number of Participants Who Did Not Attend: 0
- Number of Measurements Recorded During Clinic: 8
- Number of Unscheduled Participants Added to Clinic: 0
## Today's Worklists

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<thead>
<tr>
<th>Worklist Reference</th>
<th>Screening Location</th>
<th>Worklist Date</th>
<th>Worklist Status</th>
<th>Appointments</th>
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**Worklist Quick Find**

- **Start Date**: 
- **End Date**: 

![Find button](image)
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<th>Name</th>
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<td>GROOS, William Allister</td>
<td>I</td>
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### Worklist 312 29 Jul 2012 GrampianPSO

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<tr>
<th>Appointment Time</th>
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12:30 Unallocated
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<td>21 Oct 2012</td>
<td>Action</td>
<td>Recommended management override by user - AAA10002340 - 2003475056 Generated by - Frith Noble</td>
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</table>
Questions

• Thank you
The management of AAA

Wesley Stuart
Consultant Vascular Surgeon,
Western Infirmary, Glasgow
What is an aneurysm?

- Definition: abnormal dilatation of a blood vessel to 1.5 times its normal diameter.
- Affects any vessel, but most commonly
  - Aorta (mostly infra-renal)
  - Popliteal arteries
  - Femoral arteries
  - Intra-cranial vessels
Prevalence of AAA

- 2% of deaths in men over 65 years
- 3-4.5% of men over 65 have AAA
- Perhaps more relevant is that most are undetected and most don’t cause any trouble

- Degenerative process
- Related to atherosclerosis
- Age-related
CT Imaging of AAA
What are the complications of aneurysms?

- Mostly asymptomatic and benign (if <5.5cm).
- Most complications are size related.

- Rupture
- Embolism
- Inflammation
- Pressure effects
Ruptured AAA

- 75% result in sudden death at home
- 50% reaching hospital alive will not survive
- 20-30% will have a cardiac event peri/post-op
- 20-30% will require short-term renal support
- All require intensive care
- Best prevented
Treatment Options

Open Repair

Endovascular Repair
Treatment Options

Open surgery
- 4-8% mortality
- 7-10 days in hospital
- 6-12 week recovery at home
- More major complications
- Probably still preferred option for under-65s
- Usually single procedure
- 20% Dead at 3 years

Endovascular Aneurysm Repair (EVAR)
- 1-3% mortality
- 5-7 days in hospital
- 1-2 weeks recovery at home
- Fewer major complications
- 10% multiple procedures
- Now preferred option for most
- 20% dead at 3 years
Why not do EVAR on every body?

- Anatomical features:
  - Neck shape, length and angle
  - Iliac vessel disease and tortuosity
  - Smaller AAA more likely to be EVAR suitable

- Patient preference

- Cost: probably about equal
## Results of AAA Surgery in Glasgow

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Cases</th>
<th>Deaths (%)</th>
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<tbody>
<tr>
<td>Open repair, elective</td>
<td>148</td>
<td>6 (4%)</td>
</tr>
<tr>
<td>Open repair, symptomatic</td>
<td>51</td>
<td>6 (12%)</td>
</tr>
<tr>
<td>Open repair, rupture</td>
<td>148</td>
<td>53 (38%)</td>
</tr>
<tr>
<td>EVAR, elective</td>
<td>251</td>
<td>3 (1.2%)</td>
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<tr>
<td>EVAR, symptomatic</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>EVAR, rupture</td>
<td>3</td>
<td>1</td>
</tr>
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</table>
Prophylactic Surgery

• Surgery to prevent something from happening, something that may never happen.
• 5.5cm AAA: 1% rupture rate per annum, cumulative, AAA will also grow.
• At 5.5cm 99% will not rupture in the next year.
• Surgery carries risk
Prophylactic Surgery and Screening

- AAA may be smaller when presented to surgeons ie around 5.5cm
- More may be suitable for EVAR
- Results of operating on screened AAA may be better than unscreened

- Outcome and process audit is vital
AAA Screening
Overview of IT Application Support

Lin Calderwood
Service Delivery Manager – HI&T
Screening Services
31st January 2013
IT Call Logging

• First contact - Local support #650 or 0845 612 5000.

• We will be the first point of call for any user identifying a potential incident.

• We will investigate with other local IT groups e.g. Networks in attempting to resolve the issue.

• If the result of the investigation is that the issue is not a local fault then we will log a call with the SMC.
INFORMATION YOU NEED TO GIVE TO IT HELPDESK

• Contact details - full name, telephone number, department and your location
• Your ID for the system and designation (Call/ recall, sonographer etc.)
• A full description of the incident or problem and steps to re-create the problem, including screen shots where possible.
• Any error messages in full (including screenshots)
• Has the error appeared before you access the application or while you are in the application
• Does this affect 1 PC or more than 1 PC
• A description of the business impact of the problem (helps to determine severity levels – explanation of severity levels follows.)
• Check if there are others in the department or location experiencing similar problems.

This is important as it may be symptomatic of a larger problem and provision of this information will aid a speedy resolution and help identify that this is a recurring problem or at least a new instance of a previous problem.
WHY?

The more information we have…. the quicker we can direct the call to right team to fix the problem for you.
<table>
<thead>
<tr>
<th>Priority</th>
<th>Impact</th>
<th>Targeted Resolution (ATOS)</th>
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</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>A Service Failure which has the potential to have:</td>
<td>2 hours</td>
</tr>
<tr>
<td></td>
<td>• Significant adverse impact on the delivery of patient care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Significant adverse impact on a large number of users</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Significant disruption to the business functions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Material loss or corruption of NHSS Data, or if the AOA provide</td>
<td></td>
</tr>
<tr>
<td></td>
<td>incorrect NHSS Data to a user.</td>
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<tr>
<td>Level 2</td>
<td>A Service Failure which, has the potential to:</td>
<td>4 hours</td>
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<td>• Moderate adverse impact on the delivery of patient care; or</td>
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</tr>
<tr>
<td></td>
<td>• Significant adverse impact on a small (i.e. one or more) or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>moderate number of users; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Moderate adverse impact on a large number of users; or</td>
<td></td>
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<tr>
<td></td>
<td>• Moderate disruption to the business functions of the NHSS</td>
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<td>Level 3</td>
<td>A Service Failure which, has the potential to have:</td>
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<td></td>
<td>• Minor adverse impact on the delivery of patient care; or</td>
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<td>• Moderate adverse impact on one or more or a moderate number of users;</td>
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<tr>
<td>Level 4</td>
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<tr>
<td></td>
<td>the Agency has the potential to have:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Minor adverse impact on a small (i.e. one or more) or moderate</td>
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<tr>
<td></td>
<td>number of users; or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Minimal business impact.</td>
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</table>
Questions

Thank you