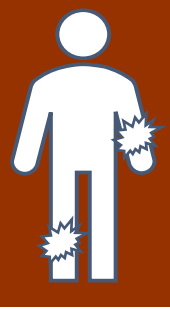
ACUTE LIMB ISCHAEMIA IS A SUDDEN LOSS OF BLOOD FLOW TO AN ARM OR LEG. IT IS TREATABLE IF DIAGNOSED VERY QUICKLY; DELAY CAN CAUSE PERMANENT DISABILITY, AMPUTATION OR DEATH.

TO IMPROVE THE CARE PROVIDED TO PATIENTS WITH ACUTE LIMB ISCHAEMIA…

We reviewed the care of patients who were admitted to a vascular hub as an emergency, between 1st January 2023 and 31st March 2023 for treatment of ALI was reviewed using 330 sets of secondary care case notes, 111 primary care case notes, 293 clinician questionnaires and 105 spoke/51 vascular hub organisational questionnaires.



Recognise acute limb ischaemia and what prompt actions to take to reduce any delay in treatment and potentially save the limb.

Delays occurred throughout the patient pathway due to a lack of recognition of the symptoms of acute limb ischaemia by both healthcare professionals and patients with the condition.	Delays to presentation were common with 144/283 (50.9%) patients presenting more than 24 hours after the onset of their symptoms.	There were missed opportunities to recognise ALI prior to admission, most commonly due to a lack of patient awareness (82/115; 71.3%) and/or recognition in primary care (24/115; 20.8%).

Refer or transfer patients with new or worsening symptoms of acute limb ischaemia who are at high risk of losing their limb directly to a vascular hub.

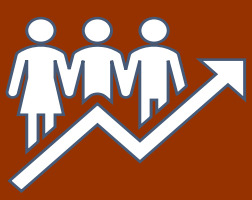
Patients most likely to benefit from an intervention (Rutherford category IIb) were not always directed to a vascular hub, delaying their treatment beyond the accepted target of six hours.	The median time from arrival at the spoke hospital to arrival at the vascular hub was 8.16 hours, exceeding the time from development of symptoms to treatment target for immediately threatened limbs.	Using an ALI pathway in the vascular hub appeared to have a positive impact on care by reducing review delays.

Organise vascular networks to provide timely access to vascular specialists skilled in treating people with acute limb ischaemia.

Networks were underused and non-vascular specialists reported not being confident to treat patients in the spoke hospitals but had no formal transfer option to the vascular hub.	There were 34/91 spoke hospitals in which medical records could be shared electronically and 56/91 in which images could be shared immediately. All other systems that were described, such as email and paper copies, risk delays or other harm.	In total, 138/330 (41.8%) patients attended a spoke hospital and were then transferred to a vascular hub.

Develop a national guideline for the management of acute limb ischaemia.

There is no national guideline covering the care pathways between primary care, spoke hospitals and vascular hubs for patients with acute limb ischaemia.	Written guidance specific to the management of suspected ALI was available in only 56/91 spoke hospitals, and when it did exist key components were often missing.	Using an ALI pathway in the vascular hub appeared to have a positive impact on care: 3/46 (6.5%) patients experienced a delay on an ALI pathway compared to 18/165 (10.9%) not on a pathway.



Capture focused data on acute limb ischaemia, to report on procedures and outcomes for patients with ALI.

There is no clinical code for acute limb ischaemia and no registry to record data locally, therefore the true number of patients with ALI is unknown, leading to an absence of data to promote improvement in patient outcomes.	Only 22/47 vascular hubs stated they recorded data on surgical procedures and 19/42 on interventional radiological procedures.	The use of prospectively collected data for shared learning was uncommon with most learning occurring in morbidity and mortality meetings or due to reported adverse events.