

Seamless Cardiac Care

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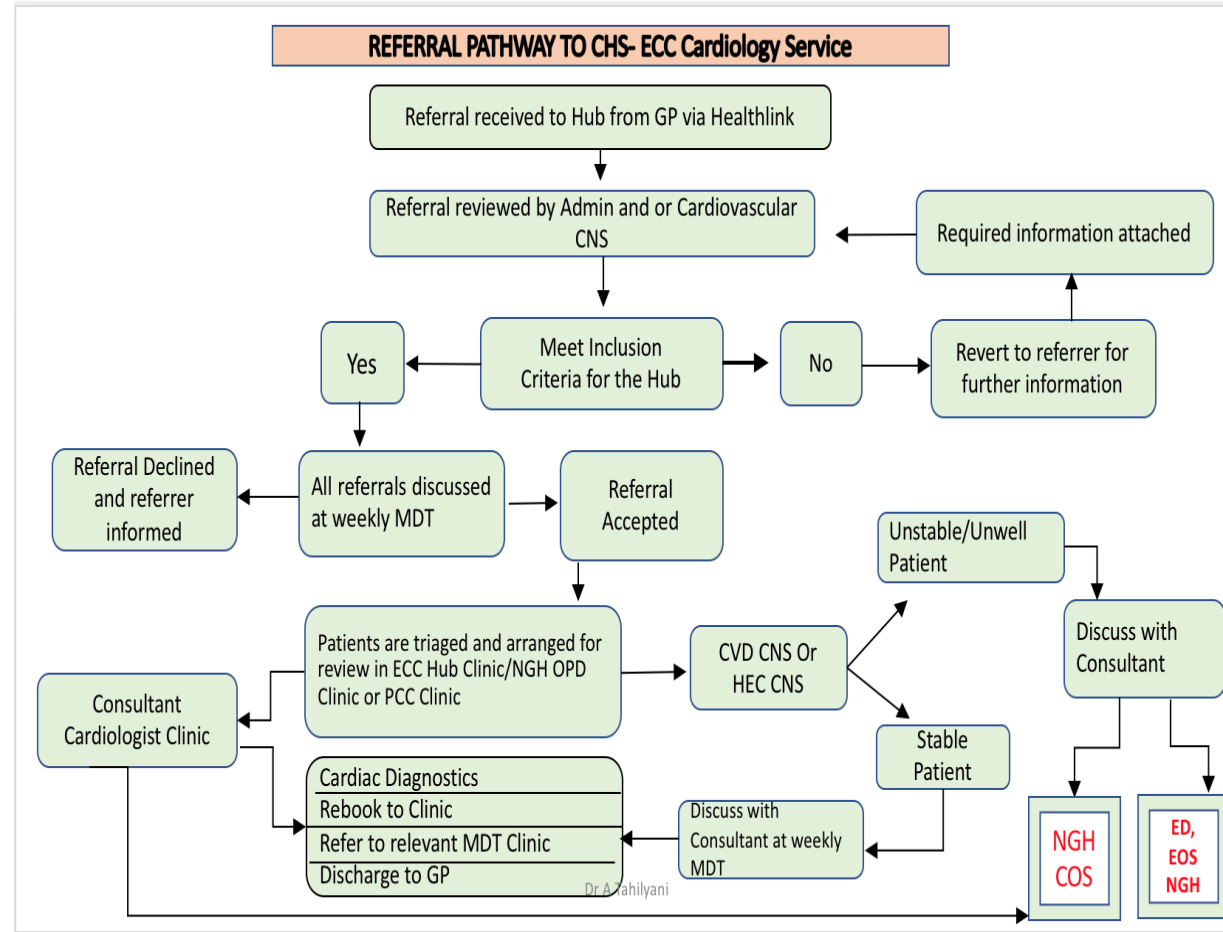
A significant number of patients are referred from General Practitioners (GPs) to Specialist Nurse-Led Clinics and/or Cardiology Consultant Services in hospitals due to symptoms such as chest pain, dyspnea, arrhythmia, abnormal ECG, and palpitations etc. However, due to limited resources and the absence of a definitive outpatient pathway, patient waiting lists are accumulating to a level where the safety of this cohort is concerning and, might have been compromised leading to increased Major adverse Cardiac Event.

Aims and Objective

The aim of this project is to integrate community-based services provided by General Practitioners (GPs) and Nurse-Led Cardiology Services in the community with consultant-led services in the hospital setting, creating a seamless continuum of care for patients with cardiovascular conditions.



Method



Results

The culmination of our efforts resulted in the meticulous collection of prospective data, meticulously cataloged and analyzed in a retrospective fashion following outpatient reviews. Through this iterative process of audit and refinement, we aim not only to optimize the efficiency of our cardiac care pathways but also to uphold the highest standards of patient safety and clinical excellence.

Conclusion

The capacity to engage in MDT discussions, prioritize patient needs according to CSBR scores, and conduct basic investigations before cardiology consultations has facilitated timely service delivery and enhanced decision-making. This approach has ensured appropriate management of patient issues, enabling follow-up with cardiologists, determination of the need for further interpretation or face-to-face appointments, and optimization of clinic schedules. In this Quality Improvement Project, we've devised a referral pathway for patients with diverse cardiological concerns. Referrals received through Healthlink undergo triage in our weekly MDT sessions utilizing CSBR scores. This allows low-risk patients to be seen within 4 weeks by Specialist Nurse-Led Clinics. Additionally, consultants' slot are well operated, aiding service planning, redesign, and resource allocation while facilitating early intervention for moderate/high-risk patients.

Reference

1. Integrated clinical design and Innovation. HSE Republic of Ireland.
2. ICP for prevention and management of chronic disease