

Bridging Gaps in Care: Establishing an Acute Coronary Syndrome Clinic for Timely Patient Follow-Up

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INTRODUCTION

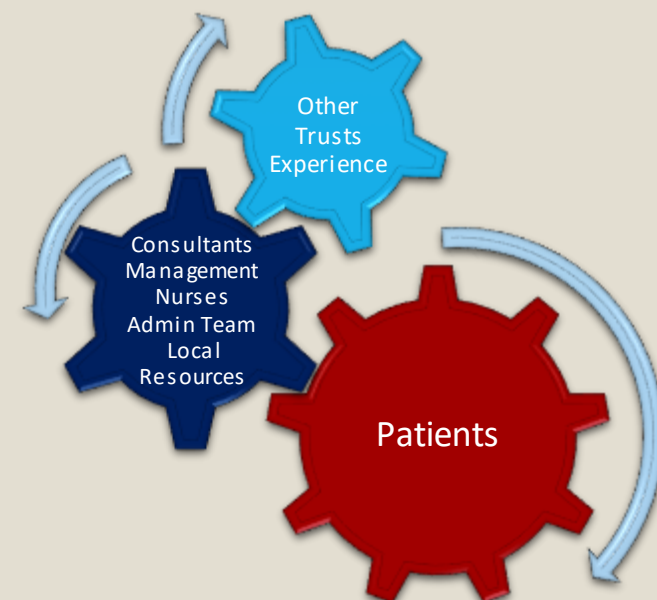
Acute coronary syndrome (ACS) represents a significant health challenge globally, with substantial morbidity and mortality rates. Timely and comprehensive follow-up care following an acute coronary event is paramount for optimising patient outcomes and reducing the risk of recurrent cardiovascular events. Establishing specialised clinics for ACS patients can facilitate monitoring the patient's recovery progress, optimising their treatment plan, and reducing the risk of future cardiac events. Currently, patients at Rotherham Hospital undergo review in the general cardiology clinic, often facing longer waiting periods, sometimes exceeding 6 months.

OBJECTIVES

This project aims to establish an Acute Coronary Syndrome (ACS) clinic at Rotherham NHS Foundation Trust, delivering timely follow-up care for patients' post-ACS. The objective is to ensure patients receive specialized care within six weeks following their acute coronary syndrome or percutaneous coronary intervention (PCI), thereby enhancing recovery outcomes and reducing the risk of future cardiac events.

METHODS

The development of the ACS clinic employed a comprehensive approach involving input from diverse stakeholders, including cardiologists, management teams, nurses, administrative staff, and patients. Initial evaluation assessed existing resources, infrastructure, and patient pathways within the trust, identifying gaps in care delivery and opportunities for enhancement. This groundwork not only facilitated the design of the new clinic but also drew upon valuable insights gained from exploring experiences and best practices implemented in other NHS trusts.



Timely review of patients

Reducing clinic waiting times

Key Outcomes

Redistribution of workload: optimising efficacy

Staff skills development

OUTCOMES

Through stakeholder discussions, two individuals were designated to lead the clinic under a named consultant's supervision: a cardiac nurse and a prescribing pharmacist. By reallocating responsibilities, such as auditing, to administrative personnel, the involvement of the cardiac nurse was optimised, allowing for dedicated clinic time. It is anticipated that this initiative will contribute to the reduction of the lengthy waiting times observed in the general cardiology clinic. With the new arrangements, patients will receive follow-up care sooner than current protocols allow. Additionally, the nurse leading the clinic will accumulate valuable experience in post-ACS patient review, complementing her expertise in managing rapid access chest pain clinics.

CONCLUSION

The establishment of the ACS clinic at Rotherham NHS Foundation Trust will represent a significant step towards improving patient care post-ACS. Through collaborative efforts and innovative strategies, including leadership delegation and process optimisation, this initiative aims to enhance patient outcomes, reduce waiting times, and streamline care delivery. Moving forward, ongoing evaluation and refinement will be essential to ensure the clinic continues to meet the evolving needs of patients and healthcare providers alike.

No conflict of interest