

Cardiac Referral Pathways; 'When to Send Your Patient to the Rapid Access Cardiology Clinic Vs When to Send Them to ED

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Flavour of the talk....

Overview of our **Rapid Access Cardiology Clinic service (RACC)**

Appropriateness criteria; **Referral to ED vs RACC**

RACC assessment , Investigations offered and patient disposal pathways

The Beacon rapid access cardiology clinic (RACC) provides a **quick and early specialist cardiology assessment** for patients with new onset of exertional chest pain, new onset symptoms suggestive of cardiac disease and cardiac screening.

It provides a **“one-stop” specialist, consultant -led diagnostic service** where patients undergo a clinical assessment and any other investigations necessary to confirm or exclude heart disease.

Aims of the service

- Safely and efficiently **identify patients** with or at risk of cardiac disease.
- To provide rapid referral service and **timely assessment** of patients with symptoms suggestive of cardiac disease who require urgent cardiac consultation.
- Timely cardiac interventions and **attendance by experienced Cardiac Nurse Specialists** and **immediate access to a Cardiologist.**

21,00 patient presented for RACC assessment last year

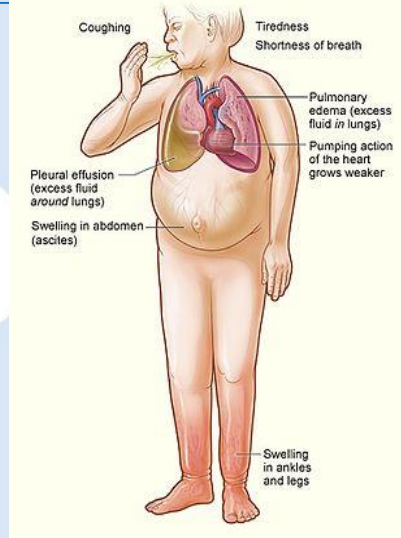
- GP referrals
- Referrals from Beacon Emergency Department
- Walk-in's
- Self referrals
- Referrals from Consultants

The increasing numbers speak for its popularity

	2015	2016	2017	2018	2019	2020	2021
January	19	56	91	121	160	196	176
February	20	53	110	134	187	248	187
March	32	48	113	138	225	154	221
April	33	55	86	135	224	51	229
May	33	46	99	150	166	106	207
June	47	49	77	122	149	172	225
July	60	63	89	111	177	184	204
August	28	63	90	130	156	143	241
September	30	59	101	122	165	184	
October	32	77	118	169	193	203	
November	37	87	127	189	179	182	
December	51	84	96	148	185	188	
	422	740	1197	1669	2166	2011	1690

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- Palpitations
 - New or recurring arrythmias
 - New or recurring chest pain
 - New or recurring shortness of breath
 - Management of uncontrolled hypertension
 - Post cardiac surgery
 - Congenital heart conditions
 - Assessment of valvular conditions
 - cardiac screening & risk assessment

Who can attend RACC...?



RACC

When in RACC...

- A **specialist Nurse** will carry out the initial assessment. Once the initial assessment is completed by the nurse the case is discussed with the Consultant Cardiologist.
- The **Consultant Cardiologist**, who will review their results with them and decide the next steps in conjunction with the patient
- Appointment will last approximately **2 hours** in total.

What tests does RACC provide

Same day testing:

- Blood testing (FBC, U&E, TROPONIN, LFTS, TFTS, CRP, LIPIDS, BNP)
- Exercise stress testing
- Echocardiogram
- E.C.G
- 24 hr Blood pressure monitoring
- CXRay (if needed)
- CTPA (If needed)
- Holter monitor

RACC Outcomes



RACC

- **Return to GP** if all tests negative and no acute issues.
- **Discharge Summary** sent to referring GP
- **Remain under cardiologist** care for further management if needing ongoing cardiac follow up or further testing
- **Admission** under the consulting cardiologist

Further Specialist Tests

- CT coronary angiogram
- Diagnostic coronary angiogram (on occasions same day) & coronary angioplasty.
- Cardiac magnetic resonance imaging
- DC Cardioversion
- Loop recorder implantation
- Electrophysiology referral for ablation/EP studies
- Referral to adult congenital heart disease specialist
- Cardiothoracic referral
- TAVI assessment if suitable for the procedure
- Occluder devices, LAA closure devices

Who should not be referred to RACC

“RACC is suitable for all cardiac patients who are clinically and hemodynamically stable”



RACC VS Emergency Department Referral

RACC Suitable

- Recent onset **Chest pain** believed to be cardiac in origin
- **Worsening angina**
- **Post Cardiac Intervention** (PCI or CABG) - new or recurring cardiac symptoms
- Elderly or Diabetic- **New exertional dyspnoea** suggestive of heart disease and suitable for same day testing
- **First Detected Arrhythmia**- irregular pulse found during routine examination with GP in a stable patient
- Paroxysmal/Persistent- **Known a fib**, but stable patient.
- **Management of Hypertension**- uncontrolled, but systolic < 200 mm of Hg.

Stable for transfer to Rapid Access Cardiology Clinic



RACC is not unsuitable for dealing with Clinically Unstable and Hemodynamically unstable cardiac patients

Suitable for referral to ED

- **Ongoing acute chest pain** with ST elevation on ECG and/or associated nausea, diaphoresis, pre-syncope/syncope
- **Suspected CVA/TIA/High BP** ($\geq 200\text{mmHG}$) with any neurological deficits
- **Suspected PE**
- **Suspected infection/sepsis**

- **Acute Congestive Cardiac Failure**
- **Ongoing symptomatic arrhythmia** –
(*Bradycardia/tachycardia/unstable/Hypotensive/Hemodynamically Unstable*)
 - HR $\leq 40\text{bpm}$ with any suggestion of Complete Heart Block/ 2nd degree HB type II
 - HR $\geq 150\text{bpm}$
 - BP $\leq 90\text{mmHG}$
 - VT/SVT/Fast Afib/Flutter)
- **Significant shortness of breath**
 - SpO₂ $\leq 90\%$ on room air

Outcomes in Emergency Department

Registers - flags main complaint as:

- Chest Pain
- Palpitations/Arrhythmia
- Shortness of Breath
- High Blood Pressure

(Patient will be reviewed, obtain presenting complaint, history of symptoms, any relevant cardiac history and an ECG and contact RACC to discuss suitability of patient for transfer to Clinic)

Potential Outcomes:

Patient suitable- transfer to Rapid Access Cardiology Clinic (same day assessment or assessment at a later date)

Unstable patients with cardiac symptoms are to remain in the ED for review by the Cardiologist on call +/- Admission under cardiology

Patient not suitable/non-cardiac- stay in ED and assessed by ED consultant.

Patients who fall outside the above criteria can be discussed with the cardiologist covering the clinic and booked where deemed appropriate.

To summarise...

- Any **patients with cardiac issues** can be referred to RACC who are Clinically and Hemodynamically stable.
- Patients referred to emergency department **can still be referred to RACC** for a same day assessment or assessment at a later date, after clinical review in ED.
- RACC is a **one stop for all patients cardiac** offering baseline and specialist cardiac investigations in a timely manner.

Wherever you refer, your patient will be looked after, however, referral to the appropriate department ensures the timely management of your patient

Cost of assessment to the patient

The maximum cost to the patient is **560 Euro**. If ED cost paid and later transferred to RACC- RACC fee waiver

Tests are individually billed and a **cap of 560 Euros** comes into place in the event of the cost exceeding 560 Euros. A percentage of the costs can be claimed back from their health insurer depending on policy.

Contact the unit via telephone on the number below;

Tel: 019123999

Opening hours: 8am to 8pm (last appointment 6 pm) Monday to Friday.

THANK YOU

