Cardiology referral pathway - Emergency Department vs Rapid Access vs Clinic

Dr David Barton FACC
Director of Interventional & Structural Cardiology, Beacon Hospital
Assistant Professor of Clinical Medicine - UCD



Financial Disclosures

- Research grant support from the Theodore Hubbard Foundation
- Research funding Abiomed© Danvers, Massachusetts



Outline

- Overview of the Rapid Access Cardiology Clinic service (RACC)
- Determining Referral to ED vs RACC vs Clinic
- Additional cardiology service lines for referral



Rapid Access Description / Function

Consultant / Cardiology CNS Led Service

Provides timely cardiac assessment for patients with symptoms / signs concerning for:

- Chronic Coronary Syndromes
- Valvular Heart Disease
- Heart Failure
- Stable Arrhythmias
- Other Specialised Cardiac Care Cardiac Oncology, Sport Cardiology, Congenital Heart Disease etc
- To Exclude Cardiac Aetiologies

Patients undergo a full clinical assessment by Consultants and CNS with initial investigations.



Rapid Access Cardiology Clinic (RACC)

Aims of the Service:

- Safely and efficiently identify patients with or at risk of cardiac disease
- Provide timely assessment of patients with signs / symptoms suggestive of cardiac disease who require urgent cardiac consultation
- Arrange for further evaluation / testing / procedures / routine outpatient follow-up



RACC

RACC is currently capable of seeing 24 patients per day:

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



RACC Workflow

- A Specialist Nurse will carry out the initial assessment, triage the patient and arrange investigations
- The Consultant Cardiologist will clinically assess the patient and review all testing including ECHO / EST / ECG & formulate a plan
- Appointment will last approximately 2 hours in total
- Follow-care arranged prior to the patient's discharge



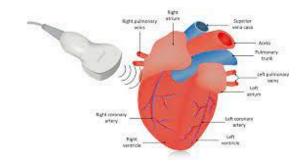
Overview of RACC Testing

Same Day Testing:

- Blood Testing
- Exercise Testing
- Echocardiogram
- ECG
- 24 Hour Blood Pressure Monitoring
- CXRay (if needed)
- CTPA (if needed)
- Holter Monitor

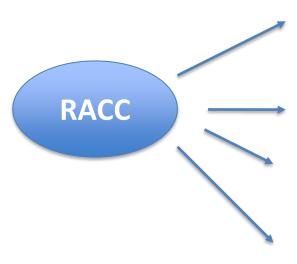


Echocardiogram





Potential Outcomes



Routine follow up with GP/alternative specialist care if all tests negative and no acute issues.

Discharge Summary sent to referring GP

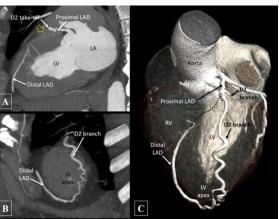
Remain under cardiologist care for further management if needing ongoing cardiac follow up/routine surveillance

Admission under the consulting cardiologist

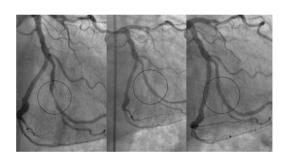


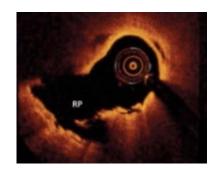
Further Specialist Tests

- CT coronary angiogram
- Stress Cardiac
 MRI/Cardiac magnetic
 resonance imaging
- Diagnostic coronary angiogram
- DC Cardioversion
- Loop recorder implantation
- Electrophysiology referral for ablation/EP studies
- Congenital heart disease specialist assessment
- Heart team referral











RACC versus ED versus Clinic

RACC is suitable for all cardiac patients who are clinically and hemodynamically stable but necessitating urgent cardiac evaluation (concern for progressive underlying heart disease)

RACC is not unsuitable for dealing with Clinically Unstable, electrically & Hemodynamically unstable cardiac patients

In low risk patients with chronic, non-progressive symptoms or mild to moderately poorly controlled risk factors - outpatient routine clinic appointment reasonable



Suitable for referral to ED

- Ongoing acute chest pain with a concern for <u>ACS/STEMI</u>
- Suspected <u>CVA/TIA/High BP (≥200mmHG)</u> with any neurological deficits
- Suspected <u>PE</u>
- Suspected <u>infection/sepsis</u>
- Acute Congestive Cardiac Failure
- Ongoing <u>symptomatic arrhythmia</u> –

(Bradycardia/tachycardia/unstable/Hypotensive/Hemodynamically Unstable

- HR≤40bpm with any suggestion of Complete Heart Block/ 2nd degree HB
 - mobitz II
- BP≤90mmHG
- VT/SVT/Fast Afib/Flutter)
- Significant shortness of breath/hypoxia
- SpO2 ≤90% on room air
- Non-cardiac urgent complaint

Take Home Points re RACC

- RACC is a comprehensive service Offering initial assessment, triage and diagnosis of cardiac conditions in addition to warranted further evaluation.
- All patients with suspected 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 discussion between both teams
- Patients will always be directed to appropriate department regardless of initial referral
- Cardiologist always available for discussion/further triage where necessary



Costs of Assessment to The Patient

The maximum cost to the patient is **695 Euro**. If patient initially seen in ED - RACC fee is waived

Tests are individually billed and a **cap of 650 Euros is implemented.** A percentage of the costs can be claimed back from health insurer provider.

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

Contact number: 01 293 6694

CNS mobile on call **087 221 6363**



Thank you

For your attention

