Improving the waiting times for outpatient follow up for patients admitted to cardiology wards of Castle Hill Hospital with uncomplicated acute coronary syndrome or atrial fibrillation with fast ventricular response

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Introduction and Purpose

The waiting times of cardiology patients from Castle Hill Hospital (CHH) for outpatient follow up have been noted to be significant. Preliminary data, looking at the time till clinic review for patients previously admitted to the cardiology wards of CHH with either uncomplicated acute coronary syndrome (ACS), or primarily for rate control of atrial fibrillation ('fast AF') showed that against a target of 3 months from discharge till clinic, patients were waiting a median of 214 days, with 38.5% of patients not even having a clinic date booked after one year. Late follow up could result in delays in picking up and acting upon developing clinical issues, failure to titrate medications to optimum doses, and increased anxiety and frustration for patients. Junior doctors also often report struggling to obtain adequate clinic experience and opportunities during their training.

In an attempt to reduce these delays and training difficulties our team implemented clinics performed by senior house officers (SHOs), who would aim to see both uncomplicated ACS and fast AF patients within 2-4 weeks from the point of discharge.

Methods

Cardiology SHOs were assigned clinic dates between 07/02/19 and 25/02/19. All patients discharged from the CHH cardiology wards who met the predefined inclusion criteria for SHO clinic follow up were recorded. Eligible patients were either booked into the clinics at the time of writing their discharge letters, or called and booked into a clinic after their discharge from hospital. The clinics were supervised by cardiology consultants, who were able to provide advice as needed. After the initial run, outcomes of the efficiency and effectiveness of the clinics were analysed, areas of deficiency identified, and plans for implementation of improvements made.

Results

Between 07/02/19 and 25/02/19 four separate SHO clinics were held and 12 patients seen. All were uncomplicated ACS rather than fast AF patients. Thirty-seven patients were identified as eligible to have attended clinics during this period, meaning 32% of appropriate patients were seen. 9 out of 12 (75%) were seen in the 2-4 week target (median 26 days, range 18-44 days)- see figure 1. Seven of the patients (58%) were able to be discharge from cardiology follow up. The other 5 (42%) had significant changes made to their cardiology management plan, as well as been booked for further follow up. Details of outcomes of the individual patients from the SHO clinics can be seen in table 1.

Figure 1- Waiting times of SHO vs consultants clinics (Chart displays the median, upper and lower quartiles, and range for waiting time for each set of clinics)

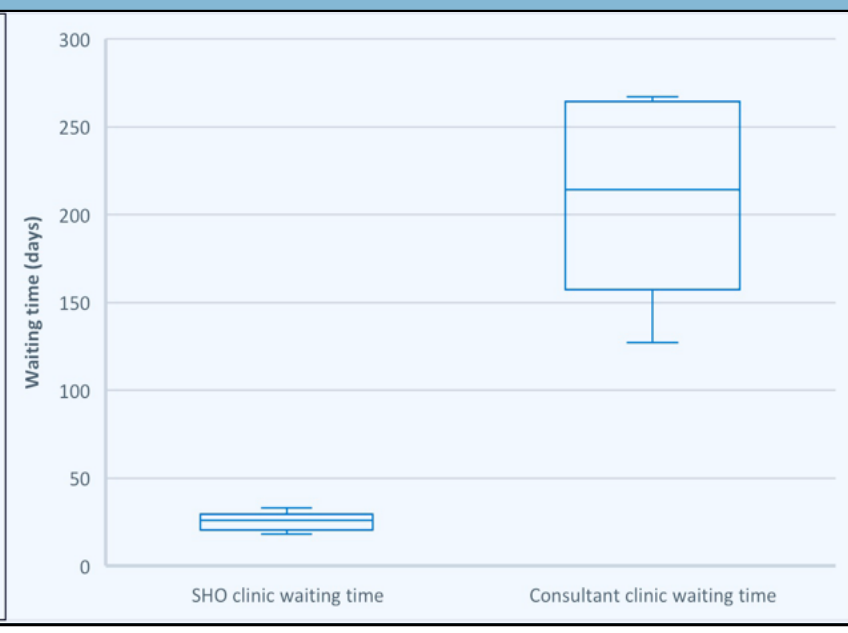

Table 1- Individual patient outcomes from SHO clinics

Patient Number	Outcome of clinic	Patient Number	Outcome of clinic
1	No new issues, no changes to medications. Discharged from cardiology follow up	7	No new issues, discharged from clinic. GP to follow up and monitor bloods
2	Echo reviewed by consultant. Images in keeping with moderate to severe LVSD (not mild to moderate LVSD as determined during admission). Symptomatic of congestive cardiac failure. Booked into heart failure clinic	8	Discharged from clinic. Medication modification advice given to GP, investigations suggested to GP
3	Possible congestive cardiac failure symptoms post-ACS limiting quality of life. Further investigations booked, follow up arranged, and medications adjusted	9	Significant post-traumatic stress disorder symptoms noted, related to inpatient stay. Given advice and booked for early consultant cardiology follow up
4	Discharged from clinic, no changes to medication but plan given to GP to consider medication change in the future. Echo booked for 1 year	10	GP given medication advice. No new issues or management changes made at clinic. Discharged from cardiology follow up
5	No new issues, no changes to medications. Discharged from cardiology follow up	11	Ongoing angina since discharge, including an episode requiring admission to hospital. Medication adjusted and cardiology follow up arranged
6	Discharged from clinic, further investigations as part of post-ACS monitoring to be chased by GP	12	Likely significant drug side effects noted. Medication adjusted and cardiology follow up arranged

Discussion/Conclusion

The SHO clinics both increased junior doctor clinic exposure and were able to reduce the median waiting time of eligible patients for outpatient follow up by 88%. Additionally, there is strong evidence that the clinics are able to change patient management and reduce the burden on consultant clinics, as every patient seen was either discharged, had significant changes made to their management plan, or both.

However, there are several areas where improvement is required. Most notably a significant number of eligible patients were missed by the clinics, and of those reviewed not all were seen in the 2-4 week waiting time target. Additionally there were difficulties in the organisation, booking, and documentation due primarily to the ad hoc nature of the initial clinics. Upcoming clinics are now better incorporated into the cardiology service, with and clinic rooms booked and support staff booked in advance, guidelines to facilitate standardisation of management, and a better defined structure for consultant cover and the distribution of clinic letters to GPs.

Overall, despite the small number of patients so far seen and initial shortcomings, the benefits brought by the SHO clinics provide proof of concept that they improve the cardiology departments service provision, and represent a project worth continuing and developing.

Acknowledgements- Special thanks to Tracie Drewery and Dr Benjamin Davison for their help with this project.

Disclosures- No conflict of interest declared any authors. No funding was received for any part of this study.