

1. Before and After

24hr ECG tapes

Before

- Patient complains of palpitations & referred by GP to Cardiologist.
- Fixed appointment given 13 weeks later
- Attend OPD to see Consultant. 24 Hr tape requested.
- Fixed appointment given to attend ECG to tape fitted 12 weeks later.
- Attend ECG to have tape fitted.
- Attend to have tape removed.
- Fixed appointments given for 4 weeks later to discuss results
- Attend OPD for results.
- In-patient requests for 24 hr could take 4-5 days – delaying further treatment or discharge.

After

- Patient complains of palpitations & referred by GP to Cardiologist
- All patients whose GP letter mentions palpitations are contacted to arrange mutually agreeable date for fitting of tape with OPD appointment on next day.
- Attend OPD to have tape fitted – usually within 8-10 weeks.
- Attend ECG next day to have tape removed, see Consultant in OPD & get results same day.
- All in-patients requests for tapes are done within 24 hrs.

Result

- Patient given choice of convenient dates to attend.
- Two visits to hospital instead of four.
- Time from referral by GP to patient getting results reduced by 60%



2. Patient and Carer Experience

From the patient questionnaire's and discovery interviews one common theme comes through regularly. The concern is around communication, specifically around "what happens next".

"I have been sent home to await yet another test, but do not know when it will be, once again I am left in the dark."

Our aim is to provide same day follow-up tests, and where this is not possible pre-booking the test at the patients convenience.

Changes made by the Collaborative:

Exercise Stress Testing – Now done, & results given to patient on the day requested, or if the physician requests a later date, that date is negotiated & agreed with the patient before they leave the hospital.



Acute Cardiac Ward

Before

- Patient with chest pain admitted to A/E
- Patient assessed for CCU or transit ward. Individual Registrar decision
- Wait in A/E for bed on transit ward
- Sent to transit ward, seen by physician
- Transferred to one of 13 Medical Wards
- Seen by Cardiologist only if specific referral made by Physician, may have to wait several days to be seen.
- Services such as Community Rehab, O.T. & Physio. all arranged on an ad-hoc basis

Result

- Patients wait less time in A/E
- Patients now only go to one ward instead of two.
- Daily opportunity for Cardiology input.
- Care given by specialist nurses who have or will gain more experience of caring for chest pain patients the longer the ward is open.
- Centralisation of support services such O.T., Physio & Rehab.



After

- Patient with chest pain admitted to A/E
- Decision to admit to CCU or ward mad according to new protocol.
- Patient admitted to new dedicated chest pain ward
- Patient still under physician, but Cardiologist does daily ward round and can see all patients requiring.
- Centralised support from O.T., Rehab & Physio now organised from one ward.

24 Hr. ECG Tape - See example opposite.

All new OPD patients given of choice of convenient dates to attend for appointment.

Future changes planned:

- All patients requiring a follow-up appointment given a choice of convenient dates to attend.
- Pre-booking of echo appointments
- Myocardial perfusion scanning waiting times to be reduced with the potential for pre-booking.

"I felt I had fallen into a 'black hole' once I had been placed on the waiting list for an Angiogram – nothing happened for a very long time I did not know who to call if I had a problem or anything – then suddenly you get a letter asking you to come in and you are bombarded with loads and loads of information."

Once on the waiting list patients will be given a credit card size card with details of their Consultant & appropriate contact numbers. Staff on these numbers will be trained to channel all queries to the relevant area and will have a commitment to reply within 3 days.

A common waiting list for Angiography has been developed which makes it easier to give patients a good estimate as to how long they may wait & when waiting times are reduced can introduce a full booking system.

3. Run charts

As part of the reporting mechanism for the Modernisation Agency, the project is assessed according to five measures. Each measure has a locally set target against which run charts are plotted every month over the lifetime of the project. Two examples are shown below. Both show progress but the first shows a quick dramatic improvement and the second a more gradual improvement reflecting the complex nature of the issues that need to be addressed.

Number of patients offered a partial or, fully booked appointment.

