

The implementation of a cardiac physiologist led heart failure clinic.

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Introduction:

Patients with suspected heart failure and an NT-proBNP between 400 - 2,000ng/l, should have specialist assessment & transthoracic echocardiography within 6 weeks.

In our Trust this pathway requires improvement, in order to facilitate early assessment and diagnosis or discharge of these patients.

OBJECTIVES:

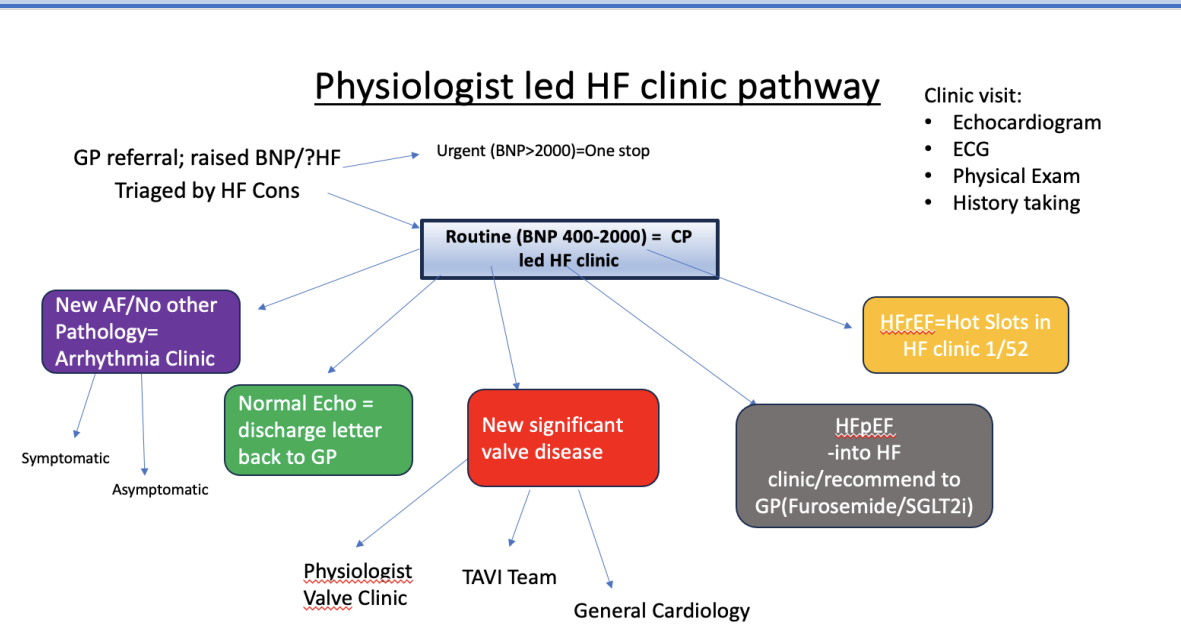
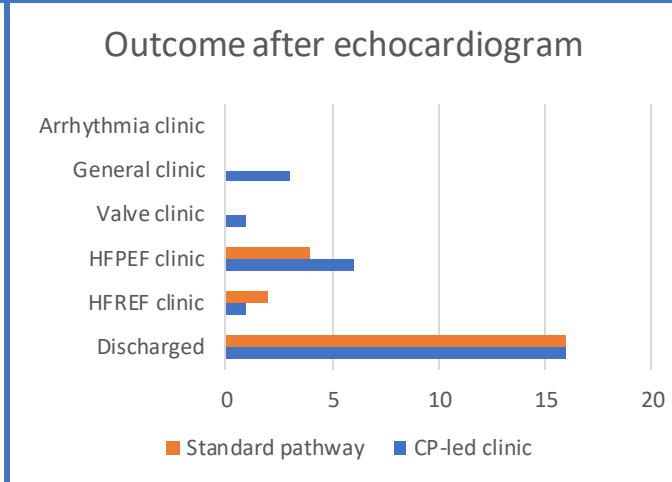
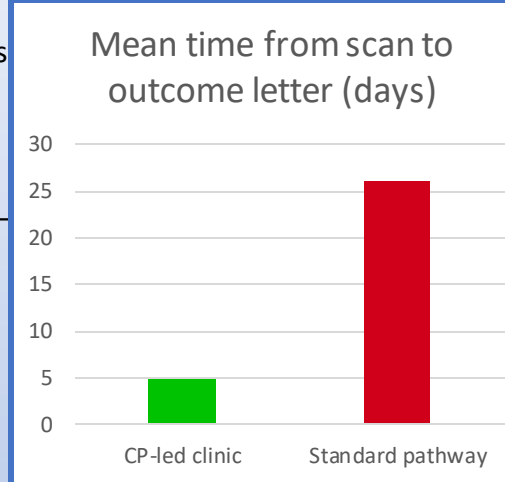
- To pilot a physiologist led heart failure clinic, run by an experienced cardiac physiologist with clinical skills training.
- Ensure timely clinical assessment at the point of echocardiography.
- Reduce delays between echocardiographic results and clinical decision making.



MATERIALS & METHODS:

- December 2023 - April 2024, 27 patients triaged on the non-urgent pathway were allocated to this clinic.
- Proforma used to assess symptoms, clinical examination, recent blood tests and medications & full departmental echocardiogram performed – 1 hour slot per patient.
- Physiologist made preliminary decision and a letter template based on the flow chart below. Decision reviewed by supervising heart failure consultant of the week.
- Comparison made between standard pathway.

RESULTS:



CONCLUSIONS:

- Five-fold reduction in time from echocardiogram to outcome letter and decision for patient.**
- Similar outcomes between both groups in terms of patients discharged back to the GP.**
- Scope for development and education of cardiac physiologists with an interest in heart failure.**

REFERENCES:

Chronic heart failure in adults: diagnosis and management, NICE guideline, 2018.

GIRFT report 2021