Referral Management for Patients with Suspected Heart Failure during the COVID-19 Pandemic

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INTRODUCTION

The COVID-19 pandemic has brought into sharper focus the need for a robust triage system for cardiology referrals in order that patients only visit a face to face outpatient setting if deemed clinically necessary. The system must ensure that all patients have a safe and timely management plan in place for their ongoing care irrespective of the triage outcome.

OBJECTIVES

To set up, run and audit a referrals management system, during the COVID-19 pandemic, for new referrals with suspected heart failure, from primary care to the secondary care setting

BACKGROUND AND METHODS

A well-established pathway exists at the Queen Alexandra Hospital, Portsmouth for new suspected heart failure patients to be referred from primary to secondary care for diagnostics and further specialist management. This pathway includes a triage system whereby the timing of the initial outpatient appointment is determined solely by the NT-proBNP blood test level. However, due to the COVID-19 pandemic, there was a requirement to reduce the number of patients seen face to face in the hospital setting, thus prompting the need for a change to this referral management system.

Each referral was thoroughly screened and a clinical decision was made as to which of three possible outcomes would be most appropriate. These were: a face to face clinic appointment within 2 weeks, one within 6 weeks, or an alternative which did not require a hospital visit. The alternatives included any one or more of: an echocardiogram in the community, advice and guidance to the general practitioner, a telephone consultation with the patient, a referral to the community heart failure nurse specialists.

RESULTS

Referrals made from primary to secondary care, of new patients with suspected heart failure, at the right time and by the right person. Referral management can be a useful mechanism to achieve this for new referrals to a heart failure service. The results show that a sizeable group of those referred were able to be managed away from the hospital environment. This system does require an appropriately trained healthcare professional to be job planned for the role in order for the triage to be safe and comprehensive, and for investigations to be requested and acted upon.

The mean age was 78 years, with a mean NT-proBNP measurement of 2835pg/ml.

All patients were triaged using the new referral management system. 135 patients (68%) required face to face appointments in the hospital setting. Of these, 66 were seen within 2 weeks, and 69 within 6 weeks.

However, 65 patients (32%) were managed in one or more alternative ways. For the majority of these (43 patients), advice and guidance regarding further management was given to the referring general practitioner. 11 patients had community echocardiograms and 17 patients were referred to community heart failure nurse specialist services, as they were already known to have a diagnosis of heart failure.

CONCLUSIONS

There is no doubt as to the great importance of patients being cared for, in the right place, at the right time and by the right person. Referral management can be a useful mechanism to achieve this for new referrals to a heart failure service. The results show that a sizeable group of those referred were able to be managed away from the hospital environment. This system does require an appropriately trained healthcare professional to be job planned for the role in order for the triage to be safe and comprehensive, and for investigations to be requested and acted upon.

Moving forwards, this patient group is being followed up, and one year outcomes for mortality and heart failure hospitalisations will be available later this year (2021), and compared to a pre-pandemic cohort of patients that was triaged based solely on NT-proBNP levels, in order to assess the safety of this system, and determine the optimal future model for referral management for new patients with suspected heart failure.

Emerging Leaders Programme
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