



Improving Access to the Heart Valve Team: Valve Week of Excellence

Prompt expert advice on new referrals and complex cases

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Problem

Delay in patient care due to decision making relying on specialist valve care or multi-disciplinary team input.

Solution

Access daily to multi-disciplinary advice via mini-MDT.

Key Objectives

- To provide rapid review of inpatient heart valve cases throughout the network on admission.
- To reduce length of stay to make cost savings and enable increased activity.
- To improve patient outcomes including survival and quality of life.

Background

Multi-disciplinary Team (MDT) meetings are key for guiding patient care, especially in complex patients. But they are resource intensive and are therefore usually not scheduled on a daily basis. During reviews of our heart valve MDT processes, we identified key challenges associated with a restricted specialist access through a weekly MDT, including patients deterioration while awaiting MDT, essential investigation and / or intervention, all potentially resulting in poorer outcomes and greater cost.

Methods

Referrals: New inpatient referrals from TAVI/Surgery to be sent for review on a virtual list. Aim is to provide management recommendations for faster turnover and patient care.

Criteria: Inpatient complex or decompensated valve cases. Minimum dataset not required.

Virtual Mini MDTs: Mon-Fri 1pm for 30mins.

Mini-MDT attendees: cardiothoracic surgeon, structural interventionist, imaging cardiologist with administrative support (linked in virtual meeting).

Outcomes: surgical, structural, medical, palliative or more imaging. Any complex case on the ward can be seen by the valve team post-MDT.

Measurements: referral to decision / treatment / listing / actual transfer / discharge.

Results

Two week trial (Sep 2021): 9 mini MDTs.

No of inpatient discussions: 20.

Referral questions: 14 for ?TAVI, 4 for mitral clip, 1 surgical AVR and 1 uncertain due to comorbidities.

Referring hospitals: SBH inpatients, Whipps Cross, Woodbury, Barnet, Basildon Kings, North Middlesex, Southend, Queens, UCLH, Colchester, Ipswich.

Face-to-face review post MDT: 3.

Median time to decision: <24 hrs (vs 5 days prior).

Savings: 71 bed days. **Reduction:** in potential harm.

Money: >£31,000 (only accounting for general beds).

Clinician feedback: 100% good/excellent (surveymonkey).

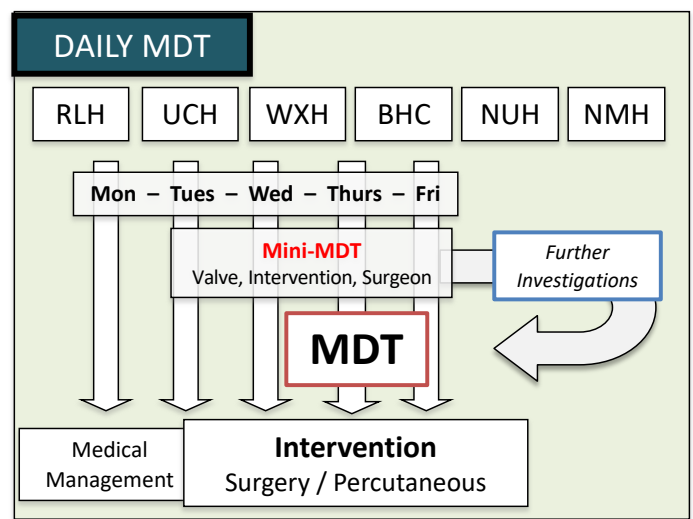
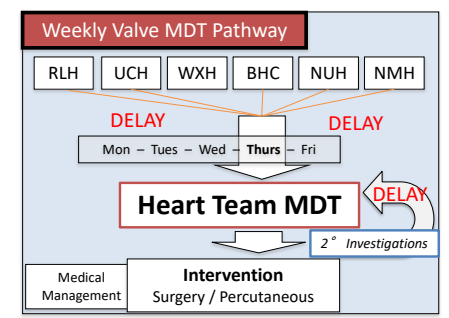
Conclusion

A **Heart Team Meeting** is an important decision point in many patient journeys, but **should not delay care**.

Easier access to expert advice early during an admission with heart valve disease is needed.

Daily virtual mini-MDTs are just one pathway to provide **quicker decision making and management advice** with full MDTs available for complex cases.

Improving access to the Heart Valve Team should improve **outcomes, patient experience and care** as well as **save money** by reducing length of stay.



REFERENCES

- GIRFT: Cardiothoracic Surgery Report. March 2018.
- BHVS: Network Based care for Heart Valve Disease. 2020.
- Getting the best from the Heart Team: Guidance for the structure and function of cardiac multidisciplinary meetings. May 2021.
- NICE Guidelines. Heart Valve disease presenting in adults. 2021.

Valve Week of Excellence Example:
 75-year-old male, lymphoma requiring urgent chemo but unable to start until finding of new severe aortic stenosis addressed.
Monday: Mini-MDT – agreement to transfer.
Tuesday: Transfer for TAVI CT and review.
Thursday: TAVI implantation.
Friday: Transfer back to referrer for chemo.

