4 of the best, 15 minutes each only 1 can win...

INNOVATION IN CARDIOLOGY PATHWAYS

THE ENTRIES

Spending precious time at home – early reporting of a day case intravenous diuretic service
Dr Catherine Labinjoh

Modernising heart failure services in Middlesbrough through Integration and innovation
Dr Matthew Dewhurst

Primary care atrial fibrillation service (PCAF)
Dr Moloy Das

An integrated electrophysiologist and arrhythmia specialist nurse pathway significantly improves patient care for those with atrial fibrillation
Dr Stephen Furniss

THE PANEL

Professor Martin Cowie
Professor of Cardiology and Honorary Consultant Cardiologist at the Royal Brompton and Harefield NHS Foundation Trust

Professor Jamil Mayet
Professor in Cardiology and Consultant Cardiologist at Imperial College NHS Trust

Professor John Camm
Professor of Clinical Cardiology and Honorary Consultant Cardiologist at St George’s Healthcare Trust

Dr Andrew Grace
Consultant Cardiologist at Papworth and Addenbrooke’s Hospitals

Sponsored by
Janssen Healthcare Innovation

Exchange Hall
Monday 2nd June 2014
18:00 – 19:00

RESULTS ANNOUNCED
Annual Dinner, Tuesday 3rd June 2014
Novel Service Model to increase uptake and retention of cardiac rehabilitation at Buckinghamshire Healthcare NHS Trust. Interim analysis.

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Abstract

Introduction and objectives Effective cardiac rehabilitation (CR) programmes improve patient outcomes and are endorsed in national guidelines. Robust CR programmes can reduce cardiac readmissions up to 56%, with potential savings in excess of £30 million per year.

The 2013 NACR reported significant variation in uptake across regions with scope for general improvement highlighted. In partnership with BHT, Janssen Healthcare Innovation supported a patient-centric service redesign to improve care pathways to optimise recruitment and retention. Compliance with these new pathways was enabled through technology and tools that empowered patients to play an active role in their own care.

Materials and methods This is the first assessment of patients enrolled into the programme, with completion of the evaluation expected in March 2015. This service evaluation consists of patients hospitalised for cardiac events (‘index event’) before and after implementation of the service change, which commenced in October 2013.

Data was collected on cardiac related re-admissions for up to 1 year, patient pathway resource utilisation, uptake, compliance, patient performance, and staff and patient satisfaction.

Results Preliminary comparisons between the pre and post service redesign are shown. Pre-implementation (based on 2012 data); 817 patients were referred for CR, of which 465 (57%) enrolled and 186 (40%) completed 3 or more exercise sessions. In the Post-implementation phase (based on 3 months of data) 196 patients were referred for CR, of which 173 (88%) were eligible and 152 (88%) were enrolled. As the study is still ongoing we are awaiting completion rates.

Conclusion Implementation of this service redesign to improve CR in BHT has shown better identification of patients and increased uptake, with an overall improvement of patient satisfaction. The initial results in the service redesign are promising and once the study has been completed the full improvement can be evaluated to the service, local health budget and patient outcomes.

Presented as a poster at the BioTrinity conference, 12th-13th May 2014

For more information please contact hearthealthuk@care4today.com