The Extended Role of the Cardiac Physiologist in Arrhythmia Management

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Cardiac Physiologist

- HCP with specific cardiac training in cardiac physiology and physiological measurement
- Degree level entry- post grad option
- National shortage v local demands
UHB NHS Foundation Trust

- Links into primary care
- Secondary level care – local population
- Tertiary care – local + region
- GUCH – Specialist Care
- Out of hours service
- Device management
- Teaching trust
Arrhythmia clinic

Started August 2003
Staff involved - Physiologist MTO4
- SATO support role
Frequency – one clinic per week
Equipment – range of monitors ring fenced for clinic
Training - History taking using a Proforma
Arrhythmia Clinic Proforma

- Demographic data
- Recent investigations ECG X-ray
- History taking
- Medication
- Guidance on who to monitor and type of monitor to be used
Patient involvement

- To improve patient journey
- There were increasing requests to have monitors fitted on the same day of outpatient appointment
- Acceptance of expert advice from health care professionals on type of monitors needed
Patient Journey
Prior to August 2003

- Letter back to GP
- Follow-up appt
  To discuss results
- 13 weeks
- Result to referring consultant
- Monitor fitted and analysed
- 4-10 weeks
- 48 weeks
- GP referral

- Upto 26 Weeks
- New consultant appt
- Upto 1 week
- Request for monitor

Upto 26 Weeks

Upto 1 week

4-10 weeks

48 weeks
Analysis  100 patients

- 9% of patients received further investigations eg Echo
- Only 1 patient required a consultant OP appointment
- 17% of patients had a significant arrhythmia detected
- 93% of patients were seen within 13 weeks
- 92% of patients were direct GP referrals
Arrhythmia Patient Journey Sept 2004

GP referral

Upto 13 Weeks
Cardiac physiologist led Clinic
History, Initial investigations +/-monitoring

Less than one week

Notes and results to consultant

Letter back to GP and copy to patient
Positive Outcomes

- Reduced outpatient waits
  100 patients = 200 clinic appointments
  30 pts per clinic therefore 7 clinics or 2 months
- Reduced overall wait for monitors.
- Reduction in number of hospital visits
- Reduction in length of time for initial diagnosis
- Advanced practice role for the cardiac physiologist.
Links into Primary Care

- Communication as a professional team
- Pacing and ICD
- ECG training
- Ambulatory monitoring work with practice staff to provide a service in walk in centres.
- Future increase diagnostic access -18 wk target
Evaluation

- Audit to demonstrate benefit to patients
- Evaluating services with stakeholders and implemented changes in response
- Sharing Ideas and information
- Clinical guidelines
- Development of new patterns of care in healthcare
- Relationship margins between professions
- Regulation
CP Led Clinic

- UHB FT champion the service
- Innovation
- Recognition within the region and HIP and DOH – Sue Hill
- Best practice documents 18 week, publications
Additional skills

- Physiologist - technology based training
- Listening and key history skills
- Links expertise and experience
- Extends existing skills e.g. device management
- Creates – specialist role + study options.
What’s next

- Device Management role
- Consultant level role to support clinics
- Implant reveals
- Teaching and training roles – cross disciplines and centres
- Remote Follow up clinic management
Achieved through TEAM WORK
Thank you

- Our hard working Physiology Team
- Key professionals consultants and Nurses
- AA for supporting this and allowing another opportunity to share our practice !!!!
You for listening

Thank you