The Role of the Cardiac Rhythm Nurse Specialist

(Cardiac Rhythm TEAM really !)

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What is your perception of the role?
The Arrhythmia Care Coordinator

- Role first proposed within working groups for NSF Chapter Eight – Arrhythmias and Sudden Cardiac Death

- Aim - Develop ‘one model’ to promote equity across the country

- Much debate around how the role should be structured
NSF Chapter 8 2005
– Quality Requirement 1 Patient Support

- People with arrhythmias receive a formal assessment of their support needs and those at significantly increased risk of anxiety, depression or a poor quality of life receive appropriate care.
- People with long-term conditions receive support in managing their illness from a named arrhythmia care co-ordinator.
- Good quality, timely information about arrhythmic conditions is given by appropriately trained staff.

For children and young people:

- Every child and young person receives age-specific preparation, treatment, support and follow-up.
- Transition to adult services does not automatically occur at age 16 but takes into account the individual needs and wishes of the young person.
Suggested Model for The Role of The Arrhythmia Care Co-coordinator/Specialist Nurse

**THE ROLE OF THE ACS / SPECIALIST NURSE**

- Coordinate/deliver + delegate care

**PSYCHO-SOCIAL ASSESSMENT**
- Patient
- Family

**REFERRAL e.g.**
- Genetic/congenital services
- Cardiac Rehabilitation
- Psychology services
- Heart Failure Nurses

**SUPPORT**
- One to one
- Telephone help line
- Newsletter
- Websites
- Group Meetings
- Charitable organisations

**PREPARATION**
- Clinical Exam
- Give information
- Informed consent
- TESTS – ECG / bloods etc

**ONGOING PROVISION OF TRAINING/EDUCATION FOR**
- Patient/families
- Health Care professionals involved in the care of arrhythmia patients in the primary, secondary and tertiary settings

**DEVELOP PROTOCOLS, GUIDELINES, CARE PATHWAYS**

**FURTHER TESTS / FOLLOW UP**
- Regular device checks
- 24 hr tape
- ETT
- Echo
- Psychological Support

**DISCHARGE**
- Assessment
- Ongoing support where applicable
- Access to telephone help line

**OUT PATIENT REVIEW**
- Assessment
- Advice
- Device Checks

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Changing Roles
CRM team at UHL

* In patient support and prep for ICDs (loads!)
  * Nurse led consent
  * Rehabilitative approach
  * EOL support

* Cardiac rehabilitation for ICD patients and their families
  * Unique programme

* Cardioversion service (550)

* Pre admission and same day preadmission (3095)

* Support for Flecanide / Adenosine tests (325)

* Support and education of Health care professionals & patient groups locally and nationally

* Coordination of patients admissions / procedures

* Helpline service for all patients undergoing EP and devices & cardioversion (approx 10 a day)

* Health promotion campaigns

* Development of clinical protocols

* And more .....

University Hospitals of Leicester NHS Trust
Next steps

* Nurse led follow up post simple ablation
* Develop consent for additional procedures
* Nurse Arrhythmia clinics (alongside medics)
* Ambulatory care models
* ................
National roles

* Community arrhythmia clinics
* Tilt table testing
* Nurse led drug provocation tests
* Allied health care professional Arrhythmia clinics
* Nurse device follow up
* Nurse / technician led loop recorder implants
* ..................
THANK-YOU

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