Service Priorities and Programmes

Electronic Presentations

Convention ID: 725
Submitting author: Mr Hoi Ming HUNG
Post title: Advanced Practice Nurse, Grantham Hospital, HKWC

Early Experience of Hong Kong's First Cardiac Nurse- Led Rapid Access Chest Pain Clinic

Hung HM(1),Jim MH(1),Lai KW(1),Yip GWK(1),Fung RCY(1),Sit KW(1),Leung RYL(2), Fan K(1)
(1)Cardiac Medical Unit, Grantham Hospital, (2)Central Nursing Division,Grantham Hospital

Keywords:
chest pain clinic
cardiac
nures - led
Hong Kong

Introduction

The prevalence of Ischaemic Heart Disease (IHD) is ever increasing with consequent increased demand on cardiology services in public hospitals. Chest pain is the most common presentation for IHD. We established an outpatient nurse-led rapid access chest pain clinic (CPC) to assess patients presented chest pain referred to Grantham Hospital.

Objectives

The aim was to reduce waiting times and to optimize utilization of resources and manpower. This novel approach was evaluated for efficacy and outcome.

Methodology

Methods:Patients referred with chest pain were screened by a Cardiac Advanced Practice Nurse (APN) for suitability and priority of access to a Nurse- led service. The APN will assess the patients via initial phone assessment and the information of the referral to arrange the first appointment. Based on our modified Chest Pain Risk Score, the APN will risk-stratify the patients accordingly during the consultation with subsequent further investigations such as exercise treadmill testing (ETT), or early direct cardiologist consultation. The cardiologists were available to discuss management as required. Patients received appropriate risk-factor modification counseling including lifestyle education and compliance with medications.

Result

Results:Between 8 May 2012 and 18 December 2012, 115 patients were referred for assessment of chest pain, 93(80%) underwent assessment with ETT. Twenty-four (26%) had positive or equivocal ETT. Sixteen patients needed to have direct early cardiologist consultation. Overall, 21 (18%) referred for coronary angiography; among these 14 (67%) from positive ETT and 7 (33%) from direct consultation. Among 21 patients who underwent angiography, 9 (42%) underwent Percutaneous Coronary

Intervention. Of patients discharged from the CPC service with negative tests 2 (1%) re-attended with atypical chest pain, none had acute coronary syndromes. The waiting time to the first seen in CPC from 10 to 32 days (24) are depended on the initial telephone assessment and the urgency of the referral. The majority of being seen by the cardiologist is from 30 to 42 days (36) after first seen in CPC. There is significant reduce the waiting time from 4 months to 2 months ($p=0.048$). The patients satisfactory survey had the positive feedback with overall 85% strongly agreed that the clinic's objectives and fulfill their concerns. Conclusion: Nurse led rapid access CPC's provide safe access to assessment for IHD and improve efficacy in early identification of coronary artery disease with timely management. Patients also reported satisfaction with the program.