

Agenda Item 2.c.i

Report to:	Board of Directors	5 September 2019
Report from:	Chief Operating Officer	
Principal Objective/Strategy:	Development of “Rapids” pathway	
Title:	The Potential of “Rapids”	
Board Assurance Framework Entries:	2249	
Regulatory Requirement:		
Equality Considerations:	Equality has been considered but none believed to apply	
Key Risks:	None	
For:	For information	

1. Purpose

1.1. To build upon the success of the rapid NSTEMI, cardiology undertook a major pathway review to identify further potential “rapids”.

2. Background and purpose

2.1. The success of the rapid NSTEMI pathway largely benefited the system and to a lesser extent Royal Papworth.

2.2. There are 3 main drivers that ensured the success of rapid NSTEMI:

2.2.1. The benefit to patients – better clinical outcomes and fewer days in the hospital

2.2.2. The benefit to the system, i.e. our referring hospitals and the EEAST

2.2.3. The benefit to the hospital – overall reduced stay in hospital with fixed catheter lab slots for accelerated access to procedure.

3. Further potential “Rapids”

3.1. A review of all cardiology pathways has been undertaken to identify the “ideal” workflow in terms of clinical outcome and patient experience.

3.2. 4 areas where a revolutionary way of thinking would optimise the process beyond the satisfactory to exemplary.

3.2.1. Rapid pacing

3.2.2. Rapid TAVI

3.2.3. Rapid non-invasive diagnostics

3.2.4. Rapid clinics

4. The “Rapids”

4.1. Rapid Pacing

The clinical criteria for rapid pacing is being worked up. Draft proposal is below.

Patient group:

Patients admitted to CUH ED or acute medical take with symptomatic bradycardia and

- 1. ECG evidence of complete heart block or Type II 2nd degree heart block and*
 - 2. No reversible cause for bradycardia and*
 - 3. No contraindications to permanent pacing, e.g. evidence of sepsis*
- Patients need to be assessed, stabilised haemodynamically (if relevant), have other injuries assessed and treated where appropriate and then referred.*

Factors needed at RPH to implement:

- 1. Monitored/CCU bed to admit patient to*
- 2. Morning 'rapid pacing' slot in cath labs, not impacting on EP labs*
- 3. Saturday and/or Sunday dedicated pacing team*
- 4. Default treat and return policy for all patients*

4.2. Rapid TAVI

The clinical criteria for rapid TAVI is being worked through.

- 4.2.1 The second phase following the second TAVI day being optimised to deliver a full 8 patients per week (42 weeks of the year).
- 4.2.2 The MDT is being transformed to be a dynamic fully comprehensive decision based MDT.
- 4.2.3 The aim is to reduce BAV and TA TAVI procedures by providing a 2 tier access to the TAVI MDT.
- 4.2.4 A standard 18 weeks (including the full diagnostic suite of tests delivered locally). The additional tier is the accelerated or "rapid" pathway that aims to deliver as many of the tests pre appointment (or on the day, CT, ETT, stress echo, angio), slip stream the route through MDT and dating all within 4-6 weeks.
- 4.2.5 The additional pathway will complement the inpatient transfer TAVI target (internally monitored <2 weeks from referral to date) currently being optimised

4.3. Rapid non-invasive tests

Current review of the demand on the non-invasive cardiac physiology delivered tests has completed phase one, Advantics project, completion June 2020 (5 phases). The optimised service long term aim is to deliver as many on-the-day clinic supported tests to mobilise as many one stop clinics as possible across the Trust. Those diagnostic tests not attached to a clinic should be conducted, reported and returned within 2 weeks of request for urgent patients. For oncology patients the rapid pathway should be <5 days to support the achievement of the cancer waiting times.

4.4. Rapid clinics

The final in the series of the "Rapids" would be a quicker access route across the 3 clinical speciality groups to a consultant overseen clinic. The rapid clinics will be finalised 2022 as there are several elements to optimise reliant upon other directorates.

- 4.4.1 App delivered follow up for specific conditions to reduce the physical attendances required in clinics
- 4.4.2 Expanded specialist nurse delivered clinics, delivering follow up and new appointments

- 4.4.3 Synchronisation with on the day diagnostics
- 4.4.4 Realignment of MDT to conclude within 24 hours following 1st appointment
- 4.4.5 Co-ordinated cath lab timetable to offer procedures within 2 weeks of referral

There are many caveats to being able to deliver the rapid clinics, (e.g. IT support to allow the app to integrate with patient records to ensure the follow up is recorded accurately without human interaction, the flow of the clinics from CTP, patient satisfaction etc.)

5. Next steps

- 5.1 Finalise and deliver the rapid pacing as the immediate follow up to the rapid NSTEMI.
- 5.2 Deliver the Advantics Project to completion, across the Trust and not limited to cardiology

6. Recommendation

Board of Directors are asked to note the contents and steps set outlined in this paper which build on the success of the Rapid NSTEMI project.