

# Piloting a cardiac physiologist led heart failure assessment clinic

Jonathan Cook ACP in Echo, Dr T Ingram, Consultant Cardiologist, Dr A Khan-Kheil, Consultant Cardiologist.



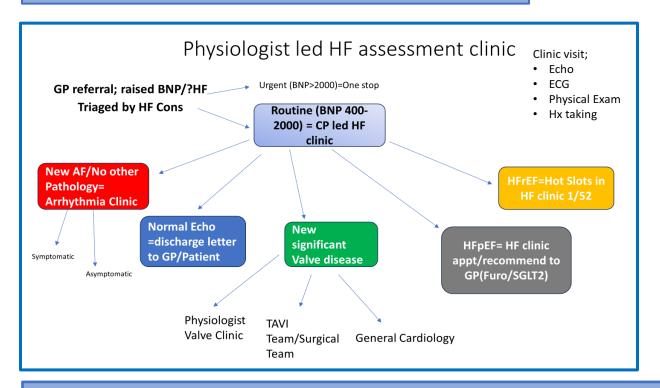
# **Background**

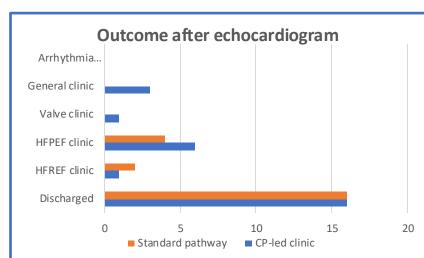
NICE guidelines state that patients with suspected heart failure and an NT-proBNP between 400-2,000ng/l, should have specialist assessment & transthoracic echocardiography within 6 weeks.

In our Trust, this pathway requires improvement to facilitate early assessment and diagnosis or discharge of these patients

## Δims

- To pilot a physiologist led heart failure clinic, run by an experienced cardiac physiologist with clinical skills training.
- Ensure timely clinical assessment at the point of echocardiography.
- Reducing delays between echocardiographic results and clinical decision making.





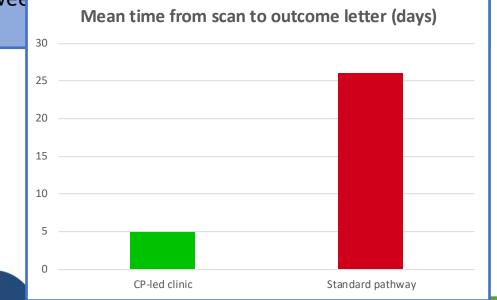
# **Methods**

- Between December 2023 April 2024, 27 patients triaged on the non-urgent pathway were allocated to this clinic (4 patients per clinic).
- Proforma used to assess symptoms, clinical examination, recent blood tests and medications & full departmental echocardiogram and ECG performed – 1 hour slot per patient.
- Physiologist made preliminary decision and a letter template based on the flow chart above. Decision reviewed by supervising heart failure consultant of the wee

Comparison made between standard pathway.



- Five-fold reduction in time from echocardiogram to outcome letter and decision for patient.
- Similar outcomes between both groups in terms of patients discharged back to the GP.



### **Summary**;

Model has drastically improved scan to outcome times, allowing timely treatment for those that need it.

Scope for expanding cardiac physiologist role, reducing admin burden on HF consultants and secretaries.

Potential to increase number of clinic run (10-15 referrals/week).

**Special thanks to all the Cardiology and Heart Failure teams** 

Working in partnership
The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust