
CONFERENCE ABSTRACT

Bringing Cardiac Diagnostics to the Heart of the Community

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Introduction & Context: Patients are at the heart of everything we do. Many elderly patients are asked to attend acute hospital for short duration appointments, when these can be performed closer to the patient, reducing stress, cost and anxiety. Sligo University Hospital's (SUH) Cardiac Investigations Department serves a population of 213,000. Activity has increased by 67% in the past 10yrs, with increased service demand / waiting lists.

Practice Change Implemented: SUH identified a need for the introduction of diagnostic tests into the community away from the acute hospital setting with an overall aim of providing integrated, easily accessed care. Working with Sligo/Leitrim Community Services, this resulted in a jointly funded pilot project where this service was introduced for echocardiography, holter monitoring and pacemaker follow up across 3 separate sites within the community. An average of 30-40 Cardiac Ultrasounds per month, 15 holters and 5 pacemaker checks take place within the community setting.

Aim and Theory of Change: The aim was to introduce a service to the community that would be patient focused, improve access /reduce waiting times. In addition, the aim was to improve patient flow in hospital whereby there would be a focus on enhanced decision making and early discharge. A key driver was demand for emergency beds - increase in numbers of patients on trolleys (by 26% from 2015).

Targeted Population and Stakeholders: In addition to being wholly patient focused, GPs have easier access to diagnostic tests which facilitates earlier identification of patients, leading to enhanced patient outcomes and reduced hospital stays.

Highlights: (innovation, impact and outcomes) Whilst this project originated as a relatively simple concept, outcomes to date have been extremely positive:-

The patient experiences all the positives of a locally provided, timely service

GPs benefit from better service access and earlier results

The hospital benefits from capacity focus on complex investigations in-house, and reduced waiting times.

Comments on sustainability: Due to successes, patient and GP feedback, it has been agreed to roll out the project across the region with a plan to extend further and to provide cross-border services in conjunction with CAWT.

Comments on Transferability: This initiative delivers immeasurable benefits both to the acute and community sectors in bringing services closer to the patient. There are plans to roll this out further across the Western region.

Conclusions: Whilst this initiative was originally established as a pilot study, results confirm its validity. A recent audit has shown saving of 250 beddays over a 6 week period. This is having a positive impact on the numbers of patients accommodated on trolleys - crucial coming into the winter period.

Lessons Learned: This is a true example of what can be achieved through a shared vision, commitment and joint working involving both hospital and community staff working together to achieve a joint aim. It was necessary to embrace a different way of working which necessitated all members working together. This also involved setting up a monitoring process to demonstrate the outcomes of the initiative.

Keywords: acute; community; joint working; flow
