

The Heart of the Matter: NCEPOD report 2008

The Cardiologist's Viewpoint

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BCS representatives

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Cardiologists refer 99% of cases

Grade of referring personnel	n=	%
Consultant	781	86.2
SpR	90	9.9
Staff Grade/Associate Specialist/SHO	10	1.1
Unknown	25	2.8
Subtotal	906	
Not answered	4	
Total	910	

Study Questions

1	To what extent does variation in referral and admission process affect outcome?	
2	To what extent do institutional approaches to retrospective multidisciplinary case review and audit vary?	
3	To what extent does the scheduling of operation affect outcome?	
4	To what extent does the in-hospital process of reviewing unstable cases affect outcome?	
5	Was the operation performed appropriate for the patient and the circumstances?	
6	To what extent does variation in the anaesthetic process affect outcome?	
7	To what extent does variation in prospective multidisciplinary case planning affect outcome?	
8	To what extent does variation in the patient investigation process affect outcome?	
9	To what extent does the identification and management of peri-operative complications affect outcome?	
10	To what extent does the appropriateness of postoperative facilities and support affect outcome?	
11	To what extent does variation in medical or interventional management pre-operatively affect outcome?	
12	Is continuity of care and communication a factor that affects outcome?	
13	Are there identifiable changes in care processes that could reduce the influence of comorbidities on outcome?	

The **ROLE** of the **CARDIOLOGIST**

- Multidisciplinary case planning
- Care of patients awaiting surgery
- Audit

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MDT meetings should be... HELD

MDT meetings held	Number of units
Yes	21
No	37
Total	58

MDT meetings should be... **PROPERLY CONSTITUTED**

Out of the 21 units that held meetings

- No cardiologist in 2
- No cardiothoracic surgeon in 4
- No anaesthetist in 20

... and ATTENDED

Records of attendance held	Number of units
Yes	7
No	12
Unknown	1
Subtotal	20
Not answered	1
Total	21

Cases referred to MDT meetings

- Only 25% discussed
- Only 5.9% of referrals
- Relation to age, gender, EUROSCORE?

41% of cases were elective

MDT meetings should... HAVE A CLEAR REMIT

- Written protocol for referrals:
 - *Anatomy*
 - *Co-morbidity*
 - *Stability*
- Use available evidence
- Be open forum for debate
- Communicate written outcome

MDT meetings for complex PCI

Protocol held for non-surgical techniques	Number of units
Yes	3
No	47
Unknown	3
Subtotal	53
Not answered	5
Total	58

Joint decision-making for initial PCI

Joint decisions made	Number of patients	%
Yes	36	19.8
No	138	75.8
Unknown	8	4.4
Total	182	



J. ARTHUR RANK presenta a DAVID NIVEN, RAYMOND MASSEY y ROGER LIVESEY en
"ESCALERA AL CIELO" ("Stairway to Heaven") Distribuida por UNIVERSAL-INTERNATIONAL
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The **ROLE** of the **CARDIOLOGIST**

- Multidisciplinary case planning
- *Care of patients awaiting surgery*
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Referrals for CABG

- When is it safe for patients to go home?
- How will they be reviewed?

For In-patients:

- Who is responsible for their care?
- Who should identify and manage preoperative co-morbidities?
- How do we 'track and trigger' intervention?

HOME.... ?



Referrals for CABG

- When is it safe for patients to go home?
- How will they be reviewed?

For In-patients:

- Who is responsible?
- Preoperative co-morbidities – cardiologist, surgeon, other?
- ‘Track and trigger’ intervention?

Care of urgent in-patients

Specialty responsible	Number of units
Cardiology	30
Cardiology and cardiothoracic surgery	9
Cardiothoracic surgery	13
Subtotal	52
Not answered	6
Total	58

Management of Comorbidities

Comorbidity	Surgeon						Anaesthetist					
	Number of patients	Reasonably managed		Not reasonably managed		Unknown /Not answered	Number of patients	Reasonably managed		Not reasonably managed		Unknown /Not answered
		n=	%	n=	%			n=	%	n=	%	
Diabetes	301	214	90.7	22	9.3	65	310	250	93.6	17	6.4	43
Hypertension	643	473	96.7	16	3.3	154	662	543	96.8	18	3.2	101
Renal disease	102	40	83.3	8	16.7	54	93	58	93.5	4	6.5	31
Respiratory disease	226	102	87.9	14	12.1	110	231	108	92.3	9	7.7	114

Care of urgent in-patients

Appropriate medical management	Number of patients	%
Yes	249	82.2
No	37	12.2
Unknown	17	5.6
Subtotal	303	
Not answered	1	
Total	304	

National Institute for Health and Clinical
Excellence. (2007)

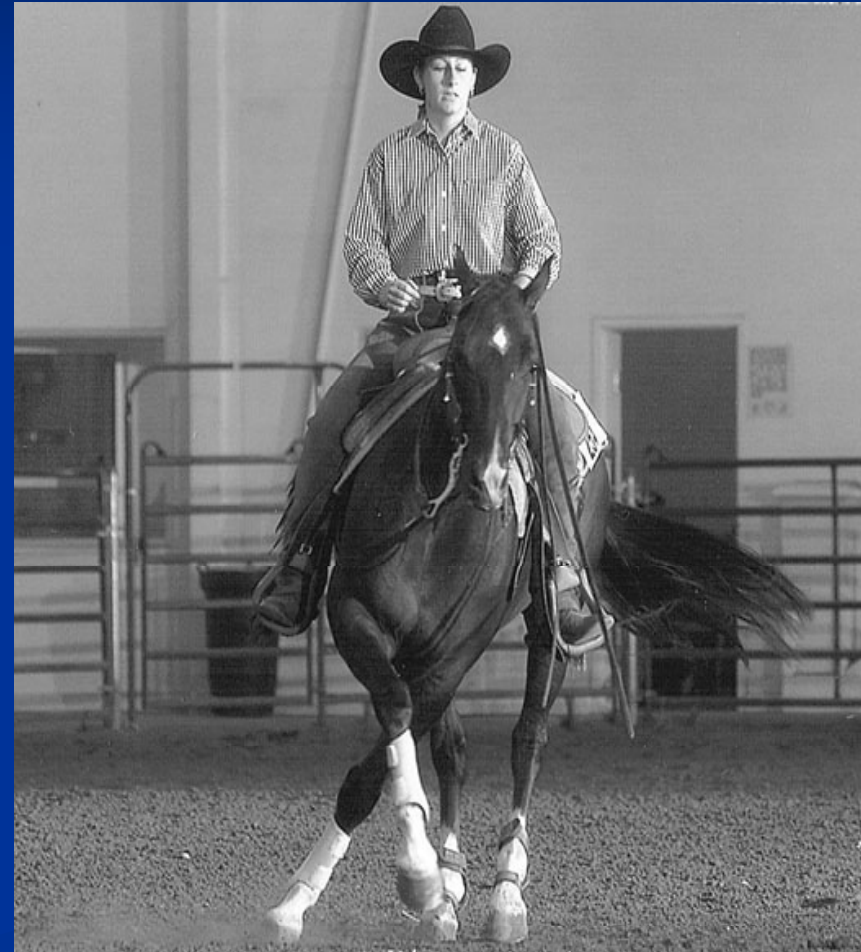
Acutely ill patients in hospital.

*Recognition of and response to acute illness in
adults in hospital.*

NIHCE

“Track and trigger”

- Increasing use of primary PCI
- Available 24 /7
- Inadequate IP use -
change path to suit
patient needs



The **ROLE** of the **CARDIOLOGIST**

- Multidisciplinary case planning
- Care of patients awaiting surgery
- *Audit*

Audit – M & M meetings

- Held in 43 out of 58 units
- 822 / 907 cases reviewed (90.6%)
- Further 35 to be reviewed (3.9%)

- “Not held” in 1 NHS unit; 14 Independent units
BUT 60 cases were reviewed by these surgeons!

AUDIT

- Strongly supported by BCS
- Data from BCS and BCIS to CCAD
- Linked to MINAP

Shouldn't do PCI
without surgeons on board

Shouldn't do CABG
without interventional cardiologists
on board