Changing Cardiac Care: A 24/7 Cardiac Service for Emergency Care in the Post Pandemic Era

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Introduction
The challenges of COVID-19 have exacerbated the burden of healthcare on the NHS. Cardiac care after discharge from the Emergency Department (ED) required patients to see their GP to initiate specialist pathways. Increased wait & difficulty in seeing primary care physicians led to delays, dissatisfaction, poor patient experience and potential risks to long-term health. A front-end cardiology service was developed with two elements: 1) In-hours Front End Cardiology (IHFE) (0800–1700), 2) Out of Hours Front End Cardiology (OOHFE). This novel service was created to deliver a rapid cardiac opinion thus reducing waiting times and improving patient experience. This service encouraged ED physicians to refer directly to a Cardiology response team (CRT) in hours and using a bespoke digital referral system out of hours.

Methods
Patients referred to Cardiology outpatient services were reviewed retrospectively. The patients who had presented to ED with same symptoms within the past 12 months were included in the Pre-front end (PreFE) group (n=100). Demographic information was collected as well as ED attendance date, clinic date, presenting complaint, investigations required and time to completion of investigations. These were compared to the cohort of patients in the post front end group (PostFE) which included patients seen by FE Cardiology service between the period of July 2020 and January 2022 (n=169). Results: 100 patients (43 males) were included in the Pre-front end group, with presenting symptoms of chest pain (56%), palpitations (29%), pre-syncpe (8%), and dyspnea (7%). 169 patients (87 males) were included in the post front end group, with presenting symptoms of chest pain (54%), palpitation (40%), pre-syncpe (3%), and dyspnea (3%). In the PreFE group the averages time to completed episode since referral was 129 days compared to 39 days in the PostFE group. 50% of patients referred were safely discharged following review without the need for further investigation. There was a 90-day saving i.e., a 70% reduction in completion of patient episode.

Conclusions
The 24/7 Front-end model has been a significant success in supporting cardiac patients presenting to the ED. Times to specialist review, patient investigations, diagnosis and treatment have been reduced by 70%. There was no appreciable difference between the IHFE and OOHFE demonstrating that 24/7 support for ED was achievable. We have seen major benefits by reducing Times to specialist review, patient investigations, diagnosis and treatment.

Conflict of Interest
nil

Abstract Table 1

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<tr>
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<th>Time to first investigations (days)</th>
<th>Time to completed episode (days)</th>
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<tbody>
<tr>
<td>Pre-FE</td>
<td>40</td>
<td>129</td>
</tr>
<tr>
<td>Post-FE</td>
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Mindfulness-Based Intervention in Patients with Persistent Pain in Chest (MIPIC) of Non-Cardiac Cause: A Feasibility Randomised-Control Study

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Introduction
Chronic pain is a common symptom in clinical practice and obstructive coronary artery disease as the underlying cause is found only in 10% of patients presenting to rapid access chest pain clinics. Mindfulness, which is a well-recognised method to reduce stress and anxiety, has also been used to manage chronic pain but its use in chest pain has not been described. METHODS: We carried out a prospective 2:1 randomised controlled trial comparing the intervention of adapted Mindfulness-Based Cognitive Therapy (MBCT) as an addition to usual care with just usual care in controls. 573 patients aged 18–75 years attending the rapid access chest pain clinic over the last 12 months who had persistent chest pain but no diagnosed cardiac cause were evaluated for eligibility. The intervention was a 2-hour, weekly, online guided 8-week MBCT course. Compliance with attendance and the home practice was recorded. Enrolled patients completed the Seattle angina questionnaire (SAQ), Hospital Anxiety and Depression Scale, Cardiac Anxiety Questionnaire, Five-facet Mindfulness Questionnaire, and EQ-5D-5L at baseline assessment and after 8-week period. RESULTS: 418 patients (72.9%) fulfilled the eligibility criteria, of whom persistent chest pain was reported by 114 patients (32%) out of 356 patients who could be contacted. Of these, 33 (29%) patients with a mean age of 54.2 (±12.2) years and 68% women, consented to the study. Baseline questionnaires revealed mild physical limitation (mean SAQ, 76.8 ±25), high levels of anxiety (76%) and depression (53%), modest cardiac anxiety (CAQ,1.78±0.61) and mindfulness score (FFMQ, 44.9±7.2). 6 patients subsequently withdrew due to bereavement, caring responsibilities, and ill-health. Of the remaining 27 participants, 18 in the intervention arm attended an average of 5 sessions with 61% attending ≥6