Aim To implement a pathway change to reduce waiting times for MI/PCI patients (discharge to 1st assessment); in order meet KPI NACR standard 6.

Method A service improvement project was undertaken to implement and review current waiting times. The clinical team highlighted barriers and established a coordinated response to the new pathway. The CR team transitioned from the old pathway (post discharge call (1-5 days) and 1st assessment 2-3 weeks later), to completing the 1st assessment (1-5 days post discharge) and being invited to complete their functional capacity test at an additional date (two part assessment). New pathway was implemented 1st April 2023.

Results Data analysed 1-month prior and 3-month post pathway implementation March – June 2023, for comparison the same time frame for the previous year was analysed (Figure 1). A total of 437 patients were analysed in these time periods. A reduction of median 20 days post pathway implementation was achieved.

Conclusion Service evaluation has allowed us to implement and measure the impact of a pathway change for the assessment wait time for patient’s post-MI/PCI. The new pathway has been effective and impacted wait times for patients receiving 1st assessment at CR at UHL, aligning with BACPR core standards 2023 stating; upon receipt of referral those eligible shall be contacted within 5 working days, also facilitating NACR accreditation.
A received aerobic and very early resistance training (6 exercises targeting upper limbs, lower limbs, neck and back) for 9-12 repetitions/exercise) three sessions per week for one month and Group B received aerobic training only for the same frequency and time. The primary outcome was functional capacity, assessed using a six-minute walk test (6MWT). Secondary outcomes were P-R interval and RHR, both assessed using a resting ECG.

**Results** Functional capacity (118.50±6.75m vs 41.75±6.75m for groups A and B respectively) and P-R intervals (30.05±3.21ms vs 11.65±3.21ms for groups A and B respectively) showed significant improvements in both groups (p=0.001 and 0.02, respectively) with greater changes in group A. However, there were no between-groups improvements in RHR (p=0.75).

**Conclusion** Very early resistance training combined with aerobic is generally safe and effective for patients after valve replacement surgery, however, potential gender variations and a larger sample-sized study should be conducted in future research. Also, different research designs with RT as a stand-alone intervention might still be needed.