

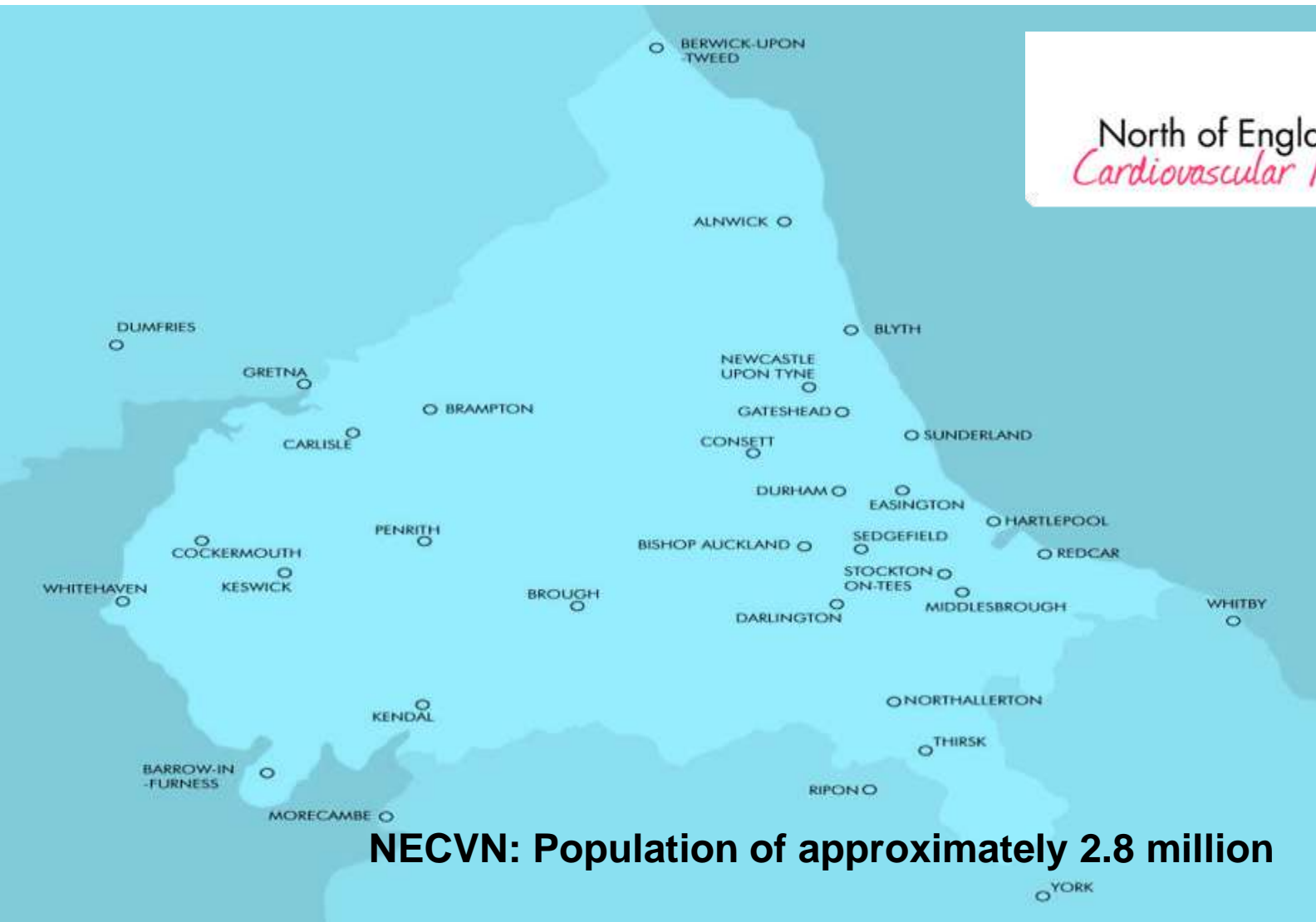
Setting up a Blackout Service

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James Cook University Hospital South Tees NHS Foundation Trust



North of England Cardiovascular Network




NECVN: Population of approximately 2.8 million

South Tees Blackout Service




- Blackout Service covers Middlesbrough, Redcar and Cleveland
- Population of approximately 300,000
- 50 GP Practices


The Beginning.....

- ▶ Identify a coordinator
 - ▶ What do we need?
 - ▶ Liaise with key stakeholders/steering group
 - ▶ Look at other established services
 - ▶ How do we get it?
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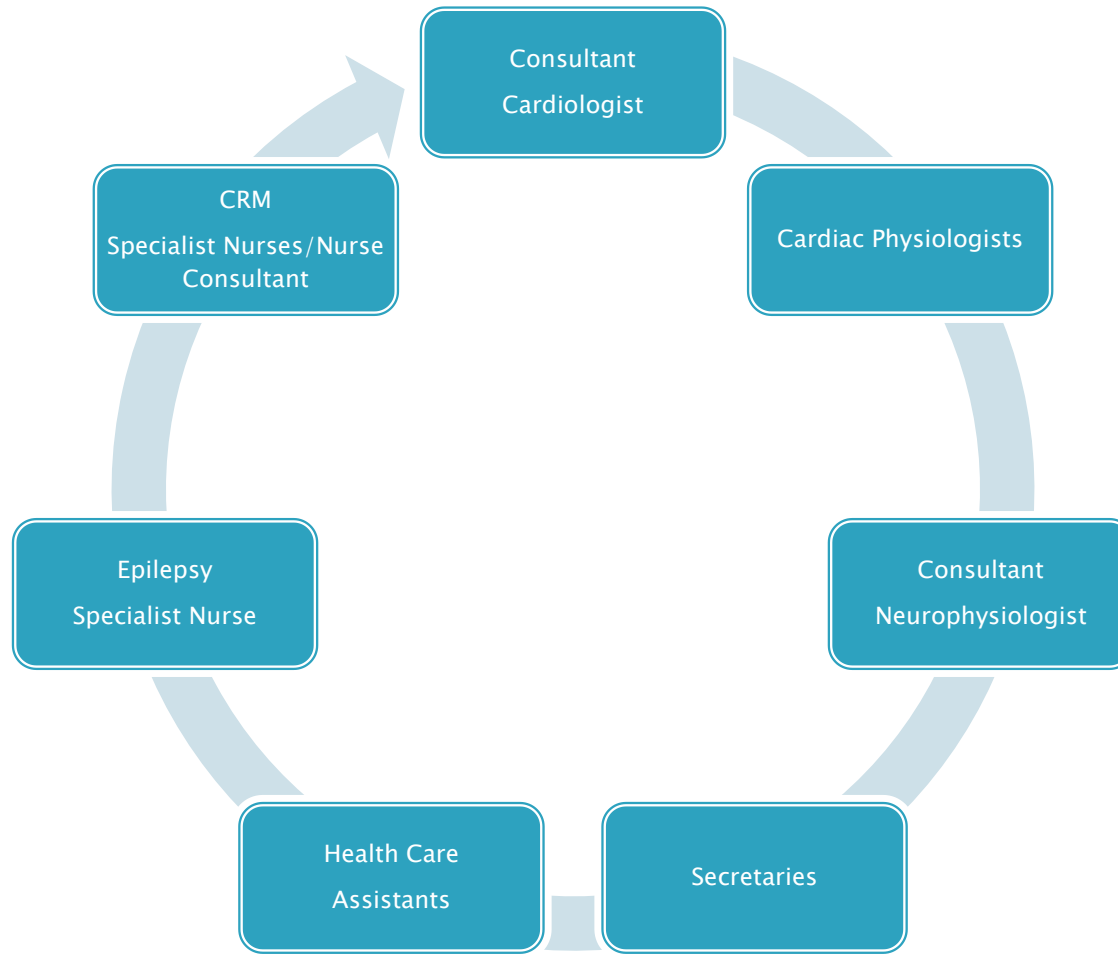
The Beginning.....

- ▶ Evidence
 - ▶ Examine existing pathways/process map
 - ▶ Develop new pathways
 - ▶ Disseminate information
 - ▶ Launch events
- 


South Tees Blackout Service

- Commenced in December 2010
 - 1 year pilot funded by Middlesbrough, Redcar & Cleveland primary care trust
 - Model proven to be efficient and cost effective – South Tees Arrhythmia Service and Manchester Heart Centre Blackout Service
 - Multi disciplinary/Multi specialty
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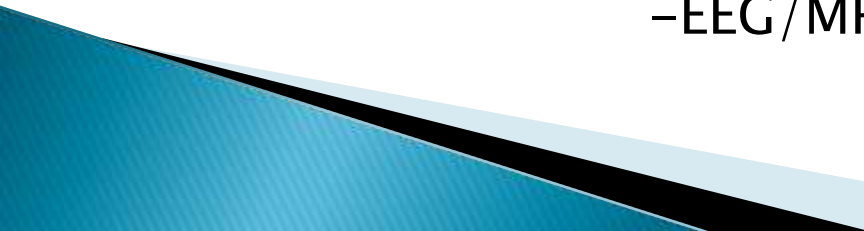
South Tees Blackout Team




The Nurse Team

- ▶ 1 x Nurse Consultant
 - ▶ 8 x Specialist Nurses
 - ▶ 2–12 years experience in cardiac rhythm management/epilepsy
 - ▶ Masters/PhD level qualification
 - ▶ Non medical prescribing/clinical examination
 - ▶ Arrhythmia management module incorporating syncope management
 - ▶ Completion of in house competency based training programme
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South Tees Blackout Service

- Nurse triage of all referrals
 - 1 new clinic per week – 8 slots, 1 review clinic per week – 8 slots
 - Nurses run clinics/Consultant support
 - One stop shop offering:
 - History taking
 - Clinical examination
 - ECG
 - Echocardiogram
 - Holter monitoring
 - EEG/MRI (following day)
- 

South Tees Blackout Service

- ▶ Helpline manned by the nurse team – patients, carers and health care professionals
 - ▶ Regular visits to accident & emergency, medical admissions units
 - ▶ Witness account
 - ▶ Pilot site for National pilot for use of web based assessment tool
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Web-based Assessment Tool

Questionnaire

http://mhcweb.cmht.nwest.nhs.uk/new/blackouts/blackouts.php

CCSD Blackouts Welcome to lloydstsb.com Pulse Dr Adam P Fitzpatrick Twiddla Medical tec...ee - member Rapid acces...mprovement DVLA

Title 1.Demographics 2.Resource Use 3.Preliminary Questions 4.Prior to Attack 5.Onset of Attack 6.Attack Description 7.Video Clips 8.After Attack 9.Background 10.Care Pathway 11.Investigations/Results 12.Final Diagnosis Letter Menu Options save Print

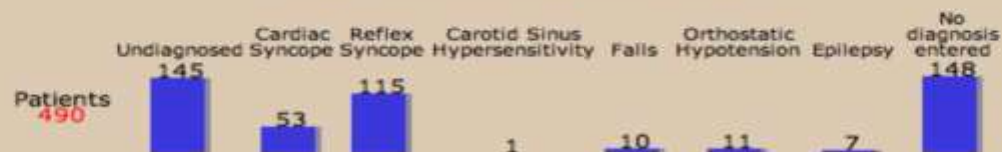
Rapid Access Blackouts Triage Clinic



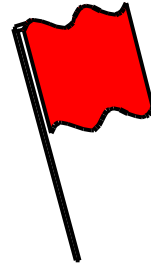
Current Logged in User : Adam

Next

Manchester Heart Centre 2007
Adam Fitzpatrick, Sanjiv Petkar, Paul Cooper
Version 2.01 Last Update 12/5/2008

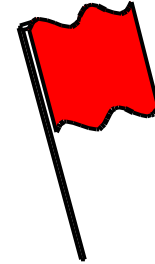


Triage: Identify High Risk Features



▶ Cardiology:

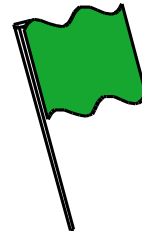
- abnormal 12 lead ECG
- presence of structural heart disease
- family H/O SCD <40yrs
- T-LOC occurring during exercise



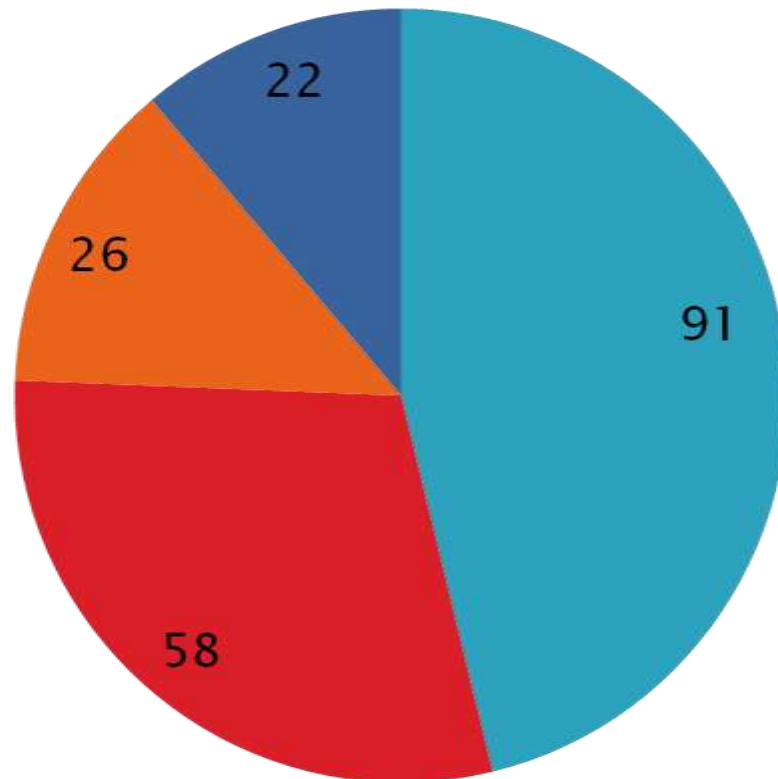
▶ Neurology:

- history of brain injury
- history suggestive of epilepsy
- new neurological deficit

No Red Flags = Low Risk



Referrals – Total 197



- A&E
- GP
- RAAC
- MAU

Results



- ▶ 171 new patients seen in first 31 weeks
- ▶ 109 seen in review clinics
- ▶ Age range from 16 to 86 years
- ▶ Average waiting time – 2.3 weeks
- ▶ Average RTT/Discharge – 3 weeks
- ▶ Number of patients seen by Neurologist – 41 (24%)
- ▶ Number of patients seen by Cardiologist – 14 (8%)
- ▶ 80% of patients have been given a diagnosis
- ▶ 62% at first appointment


Results




Diagnosis	VVS/ Reflex Syncope	Orthostatic Hypotension	AF	Neuro	PPM	NAD	Other / review ongoing
Total number of patients: 171	(58) 34 %	(31) 18 %	(6) 3.5 %	(36) 21 %	(5) 3%	(12) 7%	(23) 13.5 %

VVS: Vaso-Vagal Syncope, AF: Atrial Fibrillation, NAD: No Abnormality Detected

Waiting Times

- ▶ Consultant Cardiologist – 8.3 weeks to 5.9 weeks
 - ▶ Epilepsy clinics – 5 weeks to 4 weeks
 - ▶ First fit clinics 4 weeks to 3 weeks
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Admission rates / Bed days

- ▶ Comparison of admission rates for patients presenting with non complicated syncope May 2010 – November 2011 and December 2010 – June 2011
 - ▶ Average reduction of 19.5 admissions per month
 - ▶ Approximate saving of £140,000 per annum
 - ▶ Reduction of 409 bed days over 31 week period
 - ▶ Approximate saving of £74,000 per annum
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Patient Satisfaction



- ▶ 99% of patients reported overall satisfaction with the service
- ▶ 97% of patients happy to be seen by a nurse
- ▶ What the patients liked
 - ✓ 'Staff were very thorough and helpful'
 - ✓ 'Everything was done in one day'
 - ✓ 'I was seen quickly and found out the cause of my blackouts'
- ▶ What the patients didn't like
 - ✗ 'Difficult to park'
 - ✗ 'Moving from room to room'


46yr old Gentleman with TLOC

- ▶ 2001 - A&E
- ▶ 2005 - GP
- ▶ 2005 - Consultant Physician
- ▶ 2005 - GP
- ▶ 2005 - Consultant Neurologist
- ▶ 2009 - RTA GP re refers to Neurology
- ▶ 2010 - GP
- ▶ 2010/2011 - Cardiology

66 year old Gentleman with TLOC

- ▶ February 2011 – A&E
 - ▶ February 2011 – TLOC clinic
 - ▶ April 2011 – ILR
 - ▶ June 2011 – Pacemaker
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Conclusion

- ▶ Streamlined pathway for patients
 - ▶ One point of access to multi specialty service
 - ▶ Reduced waiting times, bed days, admissions, RTT
 - ▶ Reduced the amount of cross specialty referral
 - ▶ Reduced diagnostic testing
 - ▶ Venue – clinic space not ideal
 - ▶ Inequity across network
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Any Questions?

