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Statewide Cardiac Clinical Network

Welcome to the Statewide Cardiac Clinical Network (SCCN) Newsletter - Sep 2014. Inside this edition, you will read about a wide range of activities being driven by motivated clinicians with a passion for improving the care of their patients.

Better Cardiac Care for Aboriginal and Torres Strait Islander People

The Better Cardiac Care for Aboriginal and Torres Strait Islander People Draft Report was recently published under the auspice of the Australian Health Ministers’ Advisory Council (AHMAC).

As a result of this report, the Director-General requested the Aboriginal and Torres Strait Islander Health Unit (ATSIIHU) lead the development of a Queensland Action Plan for better cardiac care for Aboriginal and Torres Strait Islander People. The SCCN has been assisting with the development of this plan which will be available in the coming months.

The patient journey and priority areas for action.

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Great state. Great opportunity.
Message from the Chair

Queensland Health has undergone significant change in the past 12 months. Change can often distract us from our primary purpose – patient care. Collaborative groups with a shared goal, such as ours, become even more important in such times.

Networks exist to influence and advocate for high quality, patient care and outcomes. We aim to support activities and share learnings amongst our members to meet this end.

The Statewide Cardiac Clinical Network (SCCN) consists of broad membership of people interested in cardiac care. Anyone with an interest can contribute to the Network.

The central steering committee (17 members) is in place to help guide and administer the network. They are not ‘the network’, but help to represent the views of, and support the broader membership. All members are welcome to contact the steering committee to have an issue or idea raised for attention.

Alternatively, you can contact the network office to register your interest in participating in network activities. This may include the provision of expert clinical advice; review of strategic or clinical documents; participation in workgroups; or educating and sharing skills with others. There is always plenty of work to share around and many avenues to add your influence.

The network recently introduced a ‘standing agenda’ item to further promote the ideas and issues of our nursing and allied health members. To-date, Professor Adam Scott, Director Cardiac Sciences, RBWH has shared his Non-Physician Led Exercise Stress Testing Project, and some of our nurse practitioners have been discussing ways to better realise their potential within the system. For those who are interested, the SCCN office has agenda submission forms.

In this newsletter, you will recognise the breadth of work that is underway around the state. The common theme is clinicians working together to improve patient care and services. It’s important that we all contribute.

Paul Garrahy
Chair
Statewide Cardiac Clinical Network

Steering Committee

Chair: Dr Paul Garrahy, PAH – MSHHS
Dr Robert Tam, TTH – THHS
Dr John Atherton – RBWH – MNHHS
Ms Robyn Peters, Chair Statewide Heart Failure
Dr Russell Denman, TPCH - MNHHS
Dr Rahnabhn Yadav, TTH – THHS
Dr Steven Sutcliffe, CBH – C&HHHS
Ms Karen Uhlmann, National Heart Foundation
Ms Helen Gunter, GCUH, GCHHS

Dr Alex Willson, NGH - WBHHS
Dr Stephen Barry, Palm Beach Medical Practice
Dr David Cooper, Emerald, CQHHS
Dr Scott McKenzie, TPCH - MNHHS
Dr Sudhir Wahi, PAH - MSHHS
Dr Tony Stanton, Ipswich – WMHHS
Dr Peter Tesar, TPCH – MNHHS
Dr Rohan Jayasinghe – GCUH, GCHHS
Ms Terri Baglin, TTH – THHS
The Australian Commission on Safety and Quality in Health Care have developed National Standards of Care for Acute Coronary Syndrome (ACS). Queensland is represented on the National Care Standards Steering Committee:ACS by Dr Paul Garrahy and Ms Natasha Eaton. These standards are currently being finalised and a supporting Implementation framework developed.

Once finalised the SCCN will take a leading role in supporting the implementation of the Standards in Queensland.

The following six draft care standards for ACS are expected to be ratified soon by the Australian Health Ministers.

1. A person presenting with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives care guided by a documented chest pain assessment pathway.

2. A person with acute chest pain or other symptoms suggestive of an acute coronary syndrome receives a 12-lead electrocardiogram (ECG) and the results are analysed by a clinician experienced in interpreting an ECG, within 10 minutes of the first emergency clinical contact.

3. A person with an acute ST-segment elevation myocardial infarction (STEMI), for whom emergency reperfusion is clinically appropriate, is offered percutaneous coronary intervention (PCI) or fibrinolysis in accordance with the time frames recommended in the current National Heart Foundation of Australia/Cardiac Society of Australia and New Zealand Guidelines for the Management of Acute Coronary Syndromes.

In general, primary PCI is recommended if the time from first medical contact to balloon inflation is anticipated to be less than 90 minutes, otherwise the person is offered fibrinolysis.

4. A person with a non-ST-segment elevation acute coronary syndrome (NSTEMI) is managed based on a documented, evidence-based assessment of their risk of an adverse event.

5. The role of coronary angiography, with a view to timely and appropriate coronary revascularisation, is discussed with a person with a non-ST-segment elevation acute coronary syndrome (NSTEMI) who is assessed to be at intermediate or high risk of an adverse cardiac event.

6. Before a person with an acute coronary syndrome leaves the hospital, they are involved in the development of an individualised care plan. This plan identifies the lifestyle modifications and medicines needed to manage their risk factors, addresses their psychosocial needs and includes a referral to an appropriate cardiac rehabilitation or another secondary prevention program. This plan is provided to the person and their general practitioner or ongoing clinical provider within 48 hours of

You can find more detail about the standards at: www.safetyandquality.gov.au
Improving access to cardiac rehabilitation

The Ipswich Cardiac Rehabilitation (CR) Service recently completed a six week trial telehealth education program with the Gatton CR Service. The Gatton CR Service (led by a single clinician) was offered the option of “dialling-in” to routine education sessions provided by the multidisciplinary Ipswich CR team. The trial commenced on 1 July 2014. One to three patients attended the sessions in Gatton while 12-15 patients attended on-site at Ipswich.

The Ipswich CR Service offers this opportunity to any rural or remote CR services, particularly those run by individual clinicians, to enable a broader delivery of evidence-based education to CR patients and a potential “lightening of the load” for rural colleagues.

Sessions are routinely provided on Tuesdays and Thursdays from 9:30 – 10:30 am. Rural CR clinicians interested in learning more about the education topics covered or wishing to access the Ipswich CR telehealth service may phone (07) 3413 5878 or email cardiacrehabipswich@health.qld.gov.au

Chest Pain Clinical Pathways update project

The SCCN is currently updating the existing Statewide Cardiac Clinical Pathways. The objective is to ensure the content reflects current guidelines and practice, and to simplify the format of the documents so they are user friendly and practical. If you would like further information or would like to be involved with this project please contact the project manager, Trina Maturanec: Trina.Maturanec@health.qld.gov.au

Cardiac Information Solution Program (CISP)

The CISP team is busy progressing a number of important initiatives. Each of these initiatives is driven by a group of end user clinicians.

The Statewide ECG Project is progressing toward a solution for the electronic transmission, storage of ECG, complemented by a clinical support model.

By early 2015, North Queensland will enjoy the benefits of networked echocardiography. It is anticipated that the system will improve the efficiency of diagnosis and treatment. Clinicians will also be able to support one and other with remote reporting and clinical advice.

The IMPAX CV/Heartlab Cardiac Catheter Lab system is now in seven labs, and plans are in place for Lady Cilento and Logan Hospitals.

A statewide cardiac surgery database is now in use by three of the four cardiac surgery sites. This data will be fed into the national registry.

For more information please contact Kym Jones, Program Manager: Kym.Jones2@health.qld.gov.au
Statewide Cardiac Data Steering Committee

In November last year, the SCCN hosted a Statewide Cardiac Data and Quality Forum. Outcomes from the day related to improving data quality, governance and reporting.

The aim is to provide clinicians and cath lab units with accurate summary data on their procedure details and outcomes, with the ability to customise these reports to the individual questions of interest to each clinician/lab. The scope of the program will broaden to other service lines (e.g. surgery, heart failure) as data registries are implemented.

A key enabler in moving forward with the agreed activities from the Forum was to establish a ‘Statewide Cardiac Data Steering Committee’.

Following expressions of interest in February 2014, the committee was formed and met in April 2014 for the first time with further meetings scheduled bi-monthly.

Membership includes clinicians, nursing and allied health staff from each of seven Cardiac Catheter Laboratories currently using IMPAX CV.

The data steering committee is facilitated through the Cardiac Clinical Informatics Unit (CCIU), currently part of the Cardiac Information Solution Program.

A nominated data steering committee member is responsible for reporting progress up through the SCCN steering committee.

To date, the group has been working in a number of areas including the development of:

- a minimum interventional cardiology dataset
- a clinician-led data governance framework including procedures and processes for requesting interventional cardiology data
- a patient information sheet for distribution to all patients who visit a Cardiac Catheter Lab at 7 sites across QH
- site-based Cardiac Clinical Informatician roles.

In addition, the committee has a role in the staged development of the Interventional Cardiology Clinical Indicator Program. In preparing for Phase 2 of the program, due to commence in the first quarter of 2015, as agreed at the Data and Quality Forum, the group has been collaborating with the St Andrews Medical Institute who are providing guidance in performance monitoring principles and techniques.

If you would like to know more about the Statewide Cardiac Data Steering Committee, please contact Dr Jillian Milne at the Cardiac Clinical Informatics Unit on 07 3646 3577.
Statewide Accelerated Chest-pain Risk Evaluation Project

The achievement of a Health Innovation Fund grant has enabled the extension of the Accelerated Chest-pain Risk Evaluation (ACRE) project allowing a more widespread implementation of the protocol.

The statewide roll-out is currently well underway and has seen the accelerated diagnostic protocol implemented at seven new sites. These hospitals include:

- Logan
- QE II
- Gold Coast
- Townsville
- Redcliffe
- Ipswich
- Toowoomba

A further five sites are in the planning stages with two sites aiming to be implementing this month.

This clinical redesign project and the implementation of the protocol aim to:

- Improvement in National Emergency Access Targets (NEAT) across QLD for patients presenting with possible cardiac chest pain
- Improve patient journeys by reducing unnecessary time in hospital awaiting tests
- Identify a group of low intermediate risk patients that can be safely, accelerated and discharged allowing resources to be allocated to higher risk patients
- Reduce the percentage of admissions in the possible cardiac chest pain cohort

The project is still in the early phases and data is becoming available with the implementation of a project 'pop-up-box' on EDIS. This allows the project to determine how many patients presenting to emergency departments with chest pain that are suitable for the accelerated protocol. ED length of stay, NEAT data and a number of other indicators can also be identified and calculated for these patients.

Sites are seeing approximately 15-19% of patients with possible cardiac chest pain being identified as suitable and placed on the accelerated diagnostic protocol. This is in line with the 20% figure predicted in the ADAPT study (2012).

Early data from a number of our current sites have shown that the protocol is achieving the aims outlined above. We are confident that this trend will be replicated in all sites when data becomes available.

For further information about the project contact: ACRE_project@health.qld.gov.au

Thrombolysis checklist

The SCCN was asked to develop a statewide thrombolysis protocol as a result of a number of adverse incidents. The purpose of the document is to support clinicians, particularly in regional and remote facilities, when administering thrombolysis to patients with ST segment myocardial infarction.

The form has been developed in consultation with a wide range of clinicians across the state including members of the the Statewide Emergency Department Clinical Network. The document will soon be available online for use by Hospital and Health Services.
Heart Foundation news

1. The SCCN has funded a twelve month supply of My Heart My Life patient education booklets
The booklets will be despatched to cardiac units and cardiac rehab services near the end of August. The twelve month supply of the Heart Failure resources—Living well with Heart Failure and the Aboriginal and Torres Strait Islander version—living everyday with my heart failure were dispatched in late July. Contact Karen.uhlmann@heartfoundation.org.au or call 38722563.

2. Queensland clinical engagement toolkit
A toolkit for health professionals - Making the case for improved access to cardiac rehabilitation and heart failure services in Queensland is now available on the Heart Foundation’s website. The Heart Foundation consulted with SCCN, Heart Failure Steering Committee and AMAQ. This toolkit is designed to support health professionals with an action plan of how to improve services.

3. Improve data collection for cardiac rehabilitation to improve patient outcomes
The Heart Foundation has sought to work with the SCCN to support improved data collection and reporting around cardiac rehabilitation. It is proposed that a Quality Improvement Payment (QIP) be developed. The QIP would focus on increasing referral to cardiac rehabilitation and ensuring patients are directed into a cardiac rehabilitation referral pathway.

4. Speaking from the Heart—DVD
The Heart Foundation in Queensland has developed updated resources for their community speaker program, “Speaking from the Heart”, including a DVD containing six targeted chapters that can each be played independently. They have also created a free continuous loop edition of the DVD suitable for viewing in health environments, education sessions and public areas. To order please contact Sue Hines on 3872 2562 or Sue.Hines@heartfoundation.org.au

Regional Areas Have Greater Risk

Australians living outside capital cities are at significantly greater risk (26%) of the nation’s biggest killer, cardiovascular disease (CVD), according to national data analysed and mapped by the National Heart Foundation of Australia.

The Heart Foundation has released the first of its kind geographical snapshot of CVD (including heart disease and stroke) which shows one in four people living in regional and rural areas are suffering from the disease compared to one in five in metropolitan areas.

For example, Cairns in QLD and the South East region of SA top their states for CVD prevalence with more than one in four people suffering the disease.

<table>
<thead>
<tr>
<th>Region</th>
<th>State / Territory</th>
<th>Location</th>
<th>Population</th>
<th>% of people with CVD</th>
<th>National ranking</th>
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</thead>
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<tr>
<td>Far North Queensland</td>
<td>QLD</td>
<td>Regional</td>
<td>115,462</td>
<td>27.6</td>
<td>15</td>
</tr>
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<td>North West</td>
<td>QLD</td>
<td>Regional</td>
<td>115,462</td>
<td>27.6</td>
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<tr>
<td>Sydney - Outer West</td>
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<td>Metropolitan</td>
<td>190,000</td>
<td>26.8</td>
<td>18</td>
</tr>
</tbody>
</table>

See Heart Foundation website for more information.
Nursing and allied health standing agenda item

The SCCN has created a standing agenda item, for nursing and allied health network members to submit related issues to the SCCN Steering Committee for attention.

The objective is to action/share issues and innovations across the network. Note that this process is not an avenue for seeking funding. A submission form is available by emailing the network office. Completed forms should be received at least one week before steering committee meeting dates (e.g. 27 Oct and 24 Nov 2014).

Guest articles

If you have an article that you think would be of interest to our members, please submit it via the Statewide Cardiac Clinical Network office email.

Articles should be no longer than one page long including graphics. No guarantee can be given that the articles will be published as this will depend on timing, space and appropriateness as determined by the Network Steering Committee.

How to join the SCCN

You are receiving this newsletter because you requested, or a colleague nominated that your details be included in the broader membership database of the Statewide Cardiac Clinical Network. Membership of the broader network is open to any interested persons. To become a member email your name and contact details to:

Statewide_Cardiac_Clinical_Network@health.qld.gov.au

Save the date

STATEWIDE INTERVENTIONAL CARDIAC DATA FORUM

Fri 3 October
9am – 1pm

- Review current cardiac catheter lab clinical indicators and set benchmark targets
- Access to data, ethical and practical considerations
- Discuss and develop a risk adjustment model
- Discuss and develop outlier policies and procedures

RSVP   Friday 26 September, 2014
Jillian.Milne@health.qld.gov.au   07 3646 3577

Travel support is available.

Accelerated Chest-pain Risk Evaluation
ACRE Project Forum

Thur 30 October

Discussion topics:
Progress update on the statewide project
Troubleshooting projects and redesign issues
Non-physician led EST

Opportunities are available for travel assistance.
Please register your interest to
ACRE_project@health.qld.gov.au

Queensland Cardiovascular Health and Rehabilitation Association and the Heart Foundation

Secondary Prevention in Cardiology: Cardiac Rehab Meeting the Need

Fri 24 October

All health professionals welcome.
Registration Online:
Information: www.acra.net.au/qcra/event-conferences