



**Singapore Healthcare
Management 2019**

Chest Pain Clinic – The Future Model

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Introduction

Background

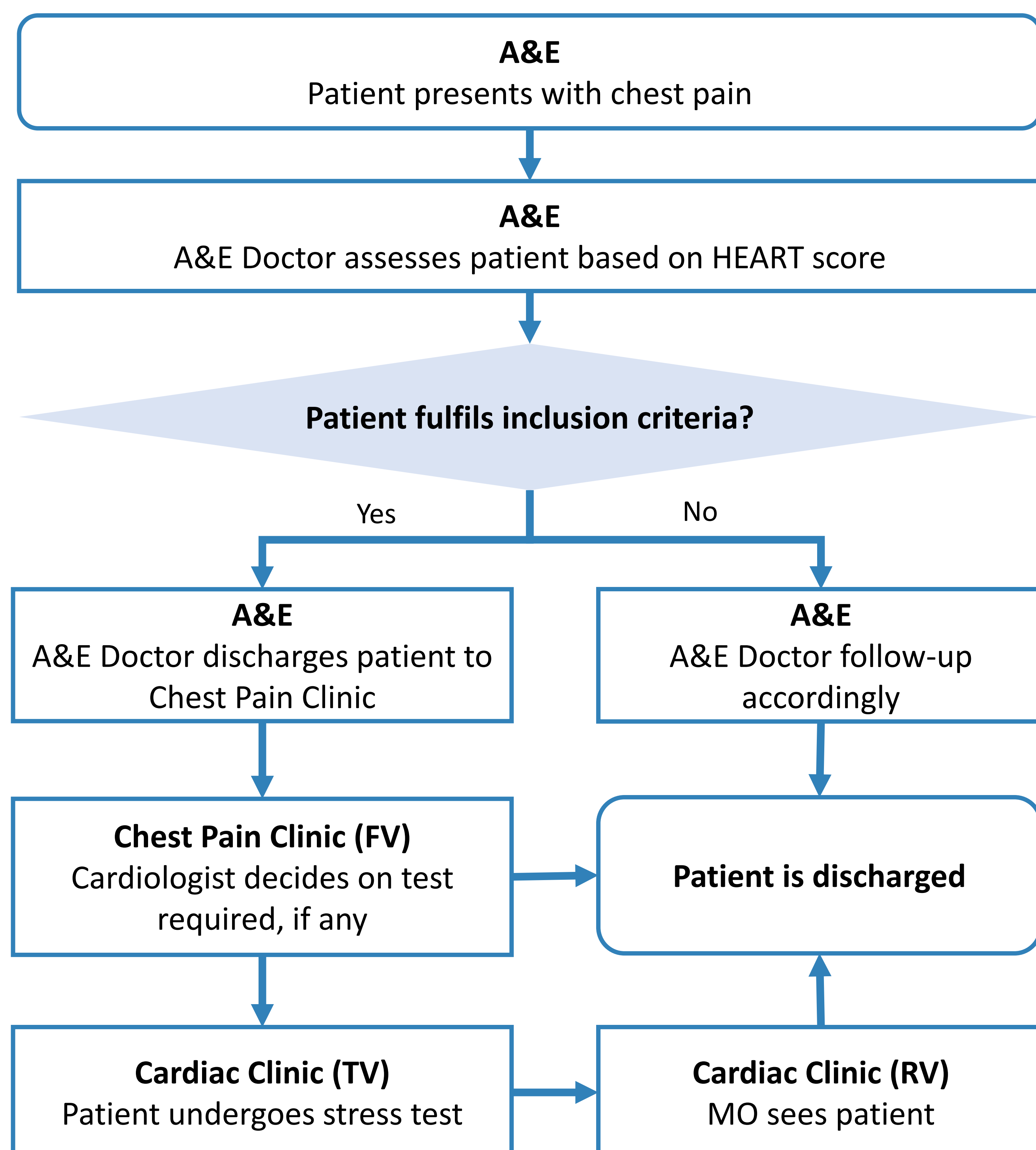
Patients with chest pain comprise a large group of adult emergency presentations. Once acute coronary syndrome is excluded, patients are either admitted or discharged with specialist outpatient clinic (SOC) follow-ups.

Even though there are guidelines to risk-stratify such patients, they have not been adhered to strictly. This thus leads to inappropriate streamlining of patients.

Aim

This project aims to **risk-stratify chest pain patients** based on a standardised scoring system (**HEART score** – History, ECG, Age, Risk Factors, Troponin T), thereby allowing patients to receive care based on their individual risk profile.

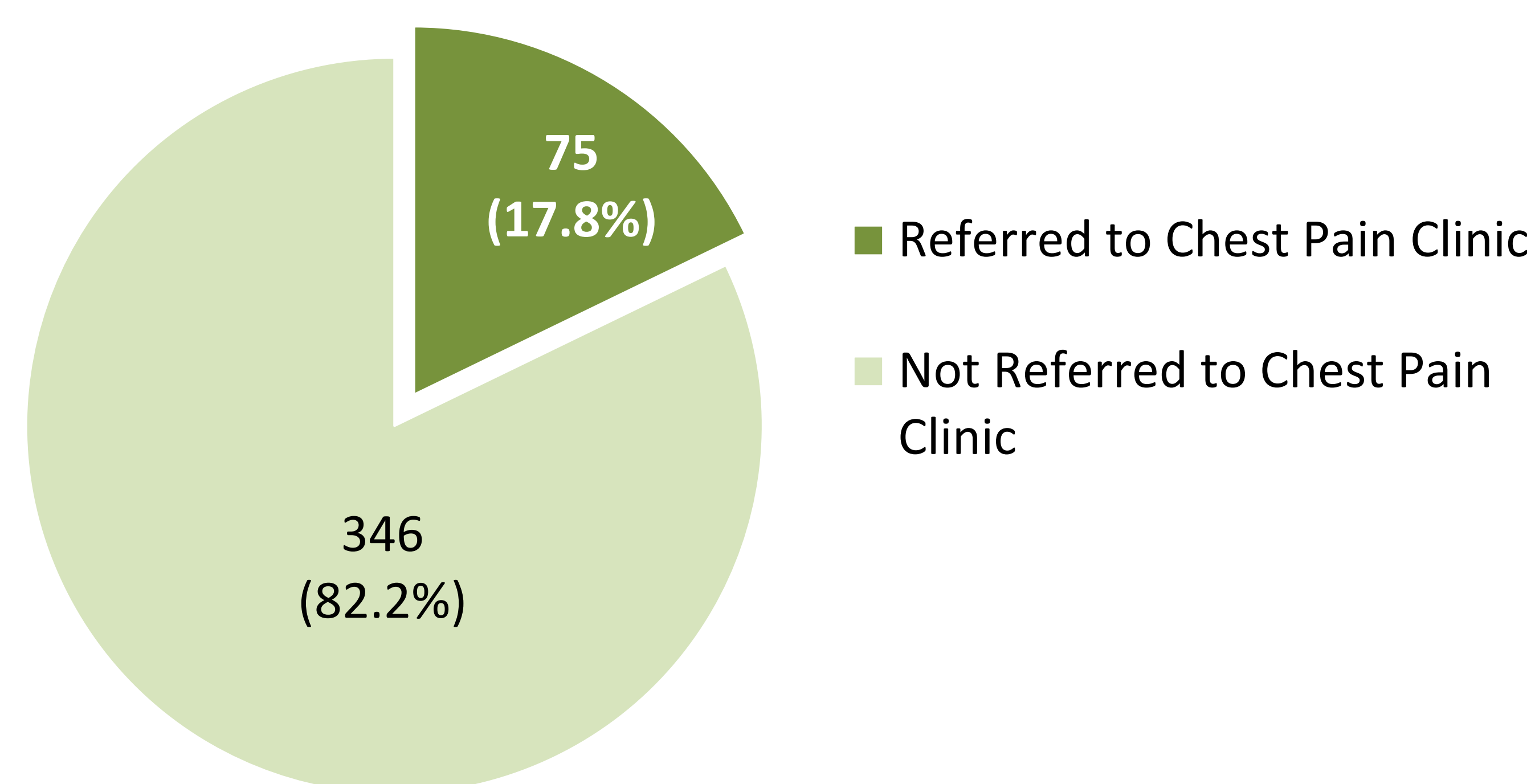
Methodology



Results

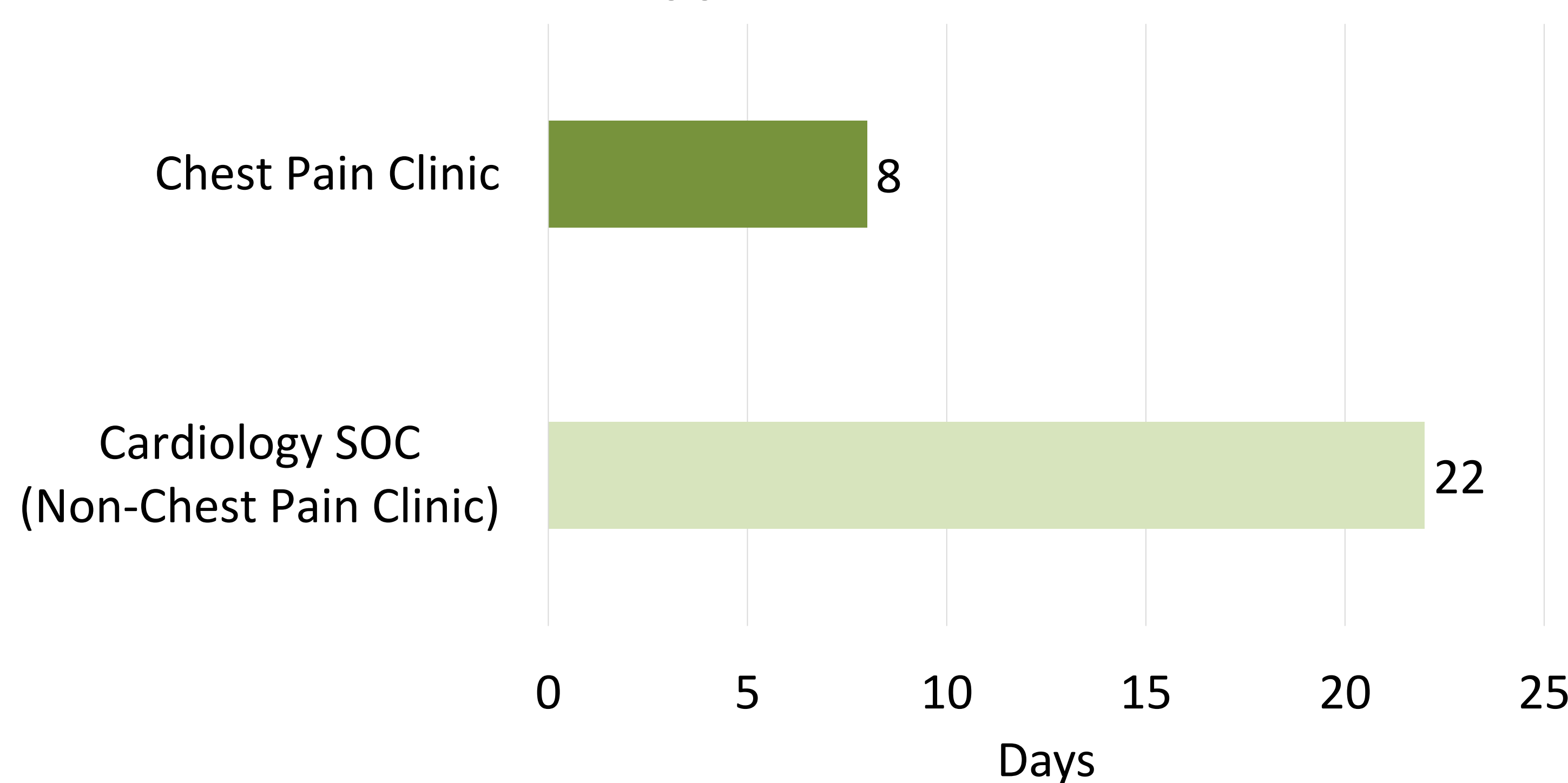
- After risk stratification, **17.8%** of chest pain patients receive a SOC **appointment within 2 weeks**.

Number of Patients Referred from A&E to Cardiology (30 Jul 2018 to 30 Sep 2018)



- The average SOC **appointment lead time decreased by 14 days** for patients referred to Chest Pain Clinic.

Average Lead Time (Days) for Cardiology SOC Appointment



Streamlining patients leads to:

- Increased patient safety**, as appropriate care is timely offered for at-risk patients.
- Efficient use of manpower and SOC slots**, since Chest Pain Clinic sessions are held in the mornings before the commencement of regular SOC clinic sessions.
- Increased availability of regular SOC slots** for patients referred from Polyclinics. Such patients could therefore have reduced SOC appointment lead times.

Sustainability

Consultant-led Chest Pain Clinic is **perennial** and patients from A&E will continue to be referred to this Clinic after HEART score-risk stratification. The demand for Chest Pain Clinic sessions will be **regularly monitored**, and more clinic slots could be made available in the future if required.

Conclusion

This new workflow **streamlined interdisciplinary care protocol** for chest pain patients, leading to increased patient safety and ensures that patients at risk are **assessed early** to **receive appropriate care** in a **timely manner**.