Colleagues,

Thank you for your efforts with the ED Follow-Up Clinic over its first 6 weeks of implementation. We were able to schedule about one patient per day into this arena, which was a good start. The Operations team is going to take a deep dive into the process and data to improve upon our ability to utilize this resource to the fullest extent of its capabilities.

To that end, we are excited to announce the second phase of the Chest Pain pathway that was mentioned in the initial email about this follow up clinic. Beginning on April 4, 2016, we have the ability to consult Cardiology on patients admitted to the CDU to assist with decisions involving stress test modality (if any is needed), care coordination as an outpatient, and medical management of their chest pain. The details are as follows:

• **You do not need to consult Cardiology on all chest pain patients. See the attached algorithm for guidance on appropriate consultations.** However, a consultation can be ordered on any patient that you have a question on regarding management.

• The Cardiology NP service will be doing the majority of the heavy lifting regarding the consultation service, and will staff these consults with an Attending Cardiologist. The NP will start off their day in the CDU and perform sign-out with our team, face-to-face. They will try to be in the CDU provider area at 0700, so please be sure to include them in our sit-down rounds, and ideally review all Chest Pain Protocol patients first. This will allow the Cardiology NPs to break off and evaluate the patients and subsequently make recommendations ASAP. They will also make sure to update our APPs on the plan prior to leaving the CDU.

• In order to consult the Cardiology NP, you must place a Cardiology consult order in EPIC. This is the only way that EPIC will allow them to write a consult note, so please make sure you write the order!
  - Order: Type “Inpatient Consult to Cardiology”.
  - Reason type “CDU Chest Pain Protocol”
  - Treatment previously provided by: “Covering CDU attending”

• In order to physically page the Cardiology NP service, we are adding a radio button into the ED Contact order, labeled “Cardiology NP (585-9924 ext. 5500).
Please use the ED Contact order to place this page as you would for any other service.

• Consults will be available (to start) Monday-Friday, 0700-1700. This means that while we can still perform stress testing per our usual workflow on Saturday, you will not have the ability to consult on the weekend. Thus, please refrain from placing “higher risk” chest pain patients (i.e. -previous stents, prior abnormal stress tests, or anyone you think to yourself “I’d put them in the CDU if I could consult Cards”) into the CDU Chest Pain protocol from Friday afternoon through Sunday afternoon. If the volume allows, this service may extend to Saturday, but not at first.

• The Cardiology service is aware of the CDU’s need for timely recommendations and management. The expectation for patients who need consultation prior to stress testing is that this will occur first thing in the morning to allow us to order the appropriate test and have it performed and interpreted by the afternoon. Further, the Cardiology service will have recommendations on patients who have abnormal stress test reads, need medication recommendations, or outpatient follow up recommendations prior to the end of their day at 1700.

• **Please try to follow the Chest Pain algorithm as best as possible.** There will clearly be patients who do not fall into a specific arm of the protocol, and physician judgment still trumps this pathway if you are concerned.
  
  o **Please note:** The Chest Pain algorithm has some changes that are quite different from our usual practice patterns, including not all abnormal stress tests require admission to the hospital, previously “higher risk” patients will be placed in the CDU, and post-PCI patients without ECG changes/NSTEMI/UA within 6 months will go to the CDU, all with consultations from Cardiology. If you have any questions or concerns, please let me know.

• We will be developing a visual tool to assist with the decision making in CDU for the most appropriate stress testing modality in patients who do not need a consultation. More to come...

• Final thoughts:
  
  o The Cardiology NP team has their own individual clinics that they are trying to get more patients, thus, they will likely recommend some patients to follow up with their clinic. This is a great option for our patients for close follow up!
Please continue to use the “Low Risk” arm of the protocol with outpatient follow up through the ED Follow up Clinic process, utilizing Registration and Social Work team members to schedule and ensure reminders/transportation, etc. to their appointment.

- Note: This process may change in the coming weeks depending on our analysis of the Clinic pilot process, and be on the lookout for this information. Until you hear otherwise, continue to utilize this great resource.

- Please email anyone on the Operations team if there are issues or concerns about how the above process is working. We have developed an outstanding relationship with the Cardiology Leadership and NP service, and have ensured to each other constant open communication to make this process robust, efficient, safe, and a benefit to our patients and providers.

Thank you for all of your hard work!!

- The OPS Team