Allocation of Patients with Cardiovascular Disease

Joe Wight, MD

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Work Group Members

Internal Medicine	Cardiology	Emergency Department
Joel Botler, MD	John Lualdi, MD	Samir Hydar, DO
Ben Cowan, MD	Andrew Corsello, MD	Andrew Perron, MD
Cliff Rubin,, MD	Merle Kellett, MD	
Marc Jacquet, MD	Doug Sawyer, MD	
	Joe Wight, MD	

Work Group Goals

- Assign patients with acute cardiovascular and medical problems to the team best suited to manage that patient.
- Reduce conflict and foster better working relationships.
- Facilitate patient assignments from the ED.

Cardiology Admission Grid

Note: "Type I" refers to patients who present with presentations that are thought to be of a "Primary cardiogenic etiology" (not the result of a PNA, Sepsis, PE, etc.)
RED=Cards Admit, Blue=AIM Admit, Green=ED/OBS

Chest Pain/Ischemic Heart Disease	SOB/CHF	Arrhythmia
Cardiogenic Shock (Primary cardiac) Cardiology	CHF: Intubated Cardiology	VT/VF → Cards Arrest → SCU/Cards
STEMI Cardiology	CHF: - BIPAP (Primary cardiac) → Cards -Weaned off BIPAP w/ Multiple medical problems → AIM -CICU →Cards	Brady Arrhythmia (Primary cardiac) hemodynamically unstable or possibly Requiring TVP →Cards Brady Arrhythmia with medical cause →AIM
High Risk ACS NSTEMI or High Risk Unstable Angina Should include only "Type I" (ie Primary cardiac) Presentations with any two of the following: -Dynamic ST changes (ie. Depressions) -Ongoing cardiac chest pain -NSTEMI (+) Troponins -Nitro Drip, pressors, etc Cardiology	Definite CHF: (Primary cardiac) Patient with shortness of breath, physical exam and chest x-ray evidence of CHF 1. High cardiac complexity Cardiology 2. Not high Cardiac complexity AIM/OBS(future)	Afib: New Onset 1. High cardiac complexity Cardiology 2. Not high cardiac complexity →AIM 3. Not high Cardiac complexity BUT significant medical complexity→ AIM
Low Risk ACS Unstable Angina/ Rule Out MI 1. High cardiac complexity → Cardiology 2. Not high complexity →AIM/OBS	CHF Re-admission for CHF Goes to service who care for patient on last admission	Afib: Paroxysmal and/or Permanent 1. High cardiac complexity -Extensive valvular dis. →Cards 2. Not high Cardiac complexity BUT significant medical complexity → AIM
Atypical Chest Pain/SOB/ Positive Troponin →AIM	Rule out CHF, Shortness of breath with physical exam & chest x-ray→AIM	Afib: Not primary diagnosis /Rate control →AIM
Chest Pain Observation ED OBS w/ Cardiology		Syncope 1. High complexity or ICD→Cards 2. Not high Cardiac complexity →AIM

AIM/Cardiology Patient Distribution Grid

This simple grid has been developed jointly by AIM and Cardiac Services to aid the ED and bed coordinators in placing patients with the clinical team and in a service location to optimize patient care.

The grid is set-up with three columns representing the patient's symptom/clinical presentation.

Patients are then stratified by the severity of their acute cardiac illness within that symptom class. Some clinical syndromes are further stratified as **high complexity or not high complexity** based upon the presence of any one or more of the following criteria:

a. Presence of significant valvular heart disease
b. Presence of significant structural heart disease
c. Presence of severely depressed LV function (EF <35%)
d. Presence of ICD
e. Administration of chronic antiarrhythmic drugs beyond rate control medications.

For individual patients the type and severity of co-morbidities and the patients and families goals of treatment should be used to modify the physician assignment,

For patients currently managed by both a PCP and cardiologists, division of patient care responsibilities between these two physicians should be respected during the admission.

Medically Complex

- Patient who presents with an alternative diagnosis that would have by itself prompted admission.
- Patients who have high medical complexity that is stable (CKD, Lupus, liver disease, COPD) may benefit from a Medicine Consultation.

Admission Process

- ED calls for admission. If insufficient information or uncertainty about appropriateness of the admission, escalate call to ED attending.
- If the initial service called by the ED feels that the other service is better suited, a three way conversation between Medicine, Cardiology and the Emergency Department will take place. This should take no longer than 30 minutes.

Admission Process

- Proposal
  - Six month trial.
  - Reconvene to discuss and address problems encountered to date.