



Improving the Aortic Stenosis Referral Pathway

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Introduction

Severe symptomatic Aortic Stenosis is a life threatening condition with similar death rates (~40% in 1 year) to pancreatic cancer but timely treatment for this patient group can be an issue.^{1,2}

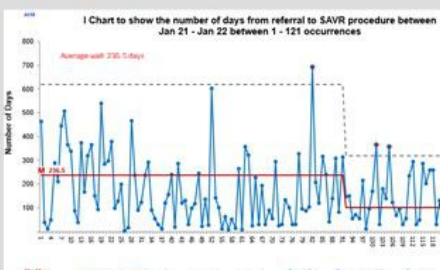
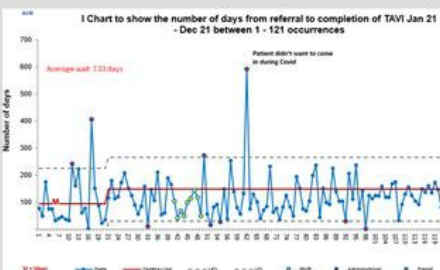
Depending on individual factors, Surgical aortic valve replacement (SAVR) or Transcatheter aortic valve implantation (TAVI) may be used as an effective treatment for these patients.

Aim

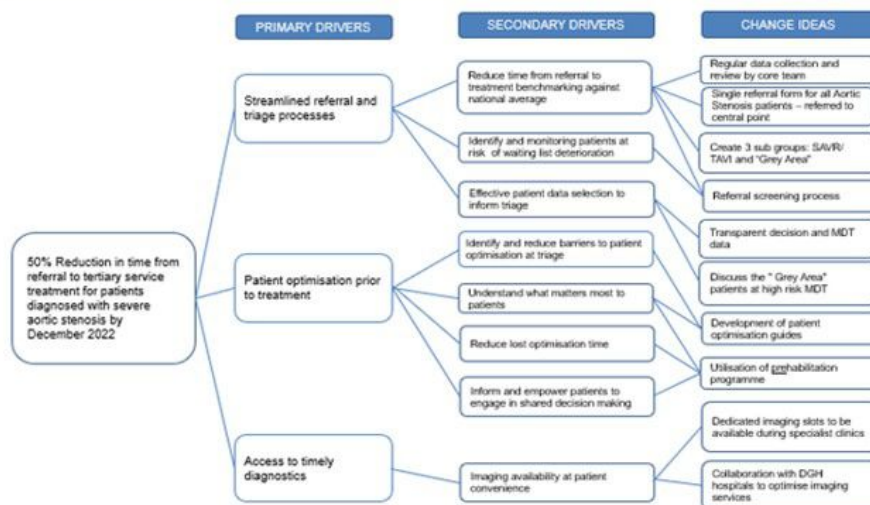
The aim of this project was to significantly reduce the time from referral to effective treatment (SAVR or TAVI) by minimising delays in the referral pathway in line with the cardiology GIRFT 2021.³

Initial Assessment

Our initial assessment of local data for Lancashire and South Cumbria for 2021 showed an average wait from referral to treatment with TAVI of ~4.5 months and SAVR ~8 months. Similar delay times have been reported in other regions of England and Wales.



Driver Diagram



Patient experiences

"I found it really inconvenient that I had consultation with the Dr and then had to come back again the following week which was a 100 mile round trip for a CT scan, I am 86 years old"

"I saw the surgeon who said TAVI would be better for me but then I had to wait to see another Dr about TAVI, months went by before I got my treatment".

Results

Month	Electronic Referral	Letters
April (PDSA 1)	8	11
May (PDSA 2)	17	12
June	18	18

- Secured CT slots for patients who travel further for their appointments. This has reduced patient travel time, journey's and length of time they need to wait for a CT scan.
- Multidisciplinary group set up for development of joint pathway for treatment choice (SAVR/TAVI)

Change ideas

- Change referral process to electronic referrals (customised referral form) for inpatients and outpatients
- Update central email address to direct electronic referrals
- Contact all referring hospitals and update them on the new process

Next Steps

- Ensure robust data collection
- Create pre-optimisation hub for aortic stenosis patients awaiting intervention
- Aim for joint pathway with surgeons to minimise delay in treatment choice

Lessons learned

- Improvement starts with the data
- By making small changes towards an end goal, change is more achievable
- Importance of multi-disciplinary team-work and collaboration helps see the problem from different viewpoints.

References

1) Turina J et al. Spontaneous course of aortic valve disease. Eur Heart J 1987;8:471-83.
 2) Leon M et al. Transcatheter aortic valve implantation for aortic stenosis in patients who cannot undergo surgery. NEJM 2011;363:1597-1607.
 3) Clark PSR and DS. Cardiology GIRFT Programme National Speciality Report. 2021-84. <https://www.gcri.org.uk/firsttime.co.uk/wp-content/uploads/2021/08/Cardiology-Jul21k-NEW.pdf> (accessed 6 Jul 2021).