

# **Maltese Cardiac Society Conference Abstract Submission 2021**

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## **Title**

Audit analysing the new Rapid Access Chest Pain Clinic (RACPC) at Mater Dei Hospital, Malta.

## **Background/Introduction**

The new RACPC in Malta was introduced in January 2021. Patients have a full cardiovascular assessment, with diagnostic investigations and management plans as appropriate. The timely accurate diagnosis of coronary artery disease is of the utmost importance due to its significant mortality, morbidity and socioeconomic effects.

## **Purpose**

This audit is a service evaluation of the new RACPC to determine whether the current practices meet the needs of the local population for diagnosis and management of coronary artery disease.

## **Method**

A quantitative methodology using a service evaluation design frame was used. Patients were evaluated using records from CVIS, iCM and CPAS. A convenience sample of 95 patients was taken spanning from January - April 2021. A retrospective descriptive analysis was performed with the appropriate data protection approval obtained.

## **Results**

86 of the 95 patients referred (90.52%) attended their appointment, with 47 of these patients seen less than 14 days from documented referral (55.95%). The source of referral ranged from GP (29.07%), A+E (4.65%), MDH (13.95%) and unknown (52.32%). From the attendees, 21 (24.42%) had typical chest pain with 65 (75.58%) describing atypical chest pain. 47 (54.65%) of the patients referred were classed as having cardiac pain and 39 (45.35%); non-cardiac pain. Most investigations (100% ECGs, 92.75% Echocardiograms and 76.47% Exercise Stress Tests) were performed on the day, with others referred to another day. Further investigations included MIBI scans (2.29%), CT Coronary (12.64%) and Holter investigation (4.59%), with 12 of the patients referred directly for a Coronary angiogram (13.79%), with 9 positive for coronary artery disease (75%).

## **Conclusions**

This audit has confirmed that the RACPC in Malta is effective in identifying coronary artery disease as compared to similar clinics in the UK. Still, there needs to be a more refined referral system for patients to be more adequately triaged. More clinics would be beneficial to cater for the number of patients referred, to be able to keep to the recommended time-frame for patient review, with further resources allocated for more diagnostic investigations to be performed on the day as required. Ecological and satisfaction studies could assess this. Subsequent work may assess future outcomes of this patient cohort and further identify the unknown sources of referral, to evaluate potential problems in the referral system.