

Description of Service:

The NALHN Cardiology Service accepts referrals for a full range of adult cardiac conditions and investigations and interventions. The service is provided at the Lyell McEwin Hospital.

Conditions Seen Include:

- > General adult cardiology
- > Hypertension
- > Pulmonary hypertension
- > Cardiac arrhythmias
- > Atrial fibrillation
- > Valvular heart disease
- > Oncology patients with cardiac problems
- > Obstetric cardiology
- > Acute coronary syndrome
- > Ischaemic heart disease
- > Heart failure
- > Patients with cardiac devices (pacemakers and defibrillators)
- > Syncope of possible cardiac origin
- > Adult congenital heart disease

Exclusion criteria:

- > Age < 16 years
- > Cardiothoracic surgery
- > Percutaneous structural heart disease interventions
- > Cardiac transplantation

Service Referral Criteria:

- As per the National Health Reform Agreement (NHRA), NALHN prefers all referrals to be to a named clinician currently providing the service (see list over page).
- All referrals to the NALHN Specialist Outpatient Service must meet the SA Health Outpatient Minimum Referral Requirements including:
 - Current patient demographic information and contact details
 - Date of referral and the duration of the referral
 - Referring practitioner contact details
 - Referring practitioner's provider number
 - Signature of the referrer
 - General practitioner contact details (if not the referring clinician)
 - Workcover/Motor Vehicle Accident/Department of Veterans Affairs information (where relevant)
 - Comprehensive reason for referral
 - Requirement for interpreter services
 - Alerts to infectious status, allergies or communicable diseases that may affect other staff and patients being treated in the same vicinity
 - Relevant summary information on the patient's medical history, including current medications and allergies
 - Investigations and treatment undertaken
 - Relevant psycho-social issues
 - Is this a second referral and if so, what was the triage category (urgent, semi-urgent or non-urgent) of the first referral?

- Reason for referral
 - To establish a diagnosis
 - For treatment or intervention
 - For advice and management
 - For specialist to take over management
 - Confirmation for GP or second opinion
 - For a specified test/investigation the GP can't order, or the patient can't afford or access
 - Reassurance for the patient/family
 - For other reason (e.g. rapidly accelerating disease progression)
 - Clinical judgement indicates a referral for specialist review is necessary.

- Patient preference for telehealth vs face to face appointment (service delivery method will ultimately be the decision of the triaging clinician) but telehealth can be an active part of the review process particularly for patients who have difficulties with travel.

Cardiology Specific Minimum Referral Criteria

- Essential referral information
 - Identifies as Aboriginal and/or Torres Strait Islander
 - Patient under Guardianship of the Chief Executive (GOCE)
 - *Previous procedures (list if relevant)*
 - *Family history (if relevant)*
 - *Any Specific Cardiac investigations & Imaging done previously*
 - *All Cardiac referrals should include Lipid profile EU&C, CBE*
 - *Cardiac Arrhythmias/ AF include TFT's, Holter Monitor*
 - *ACS include Lipid Profile*
 - *Heart Failure- Echo results if within last 12 months*
 - *Imaging reports (list if relevant)*

- Patients are seen based on the urgency, as judged from the referral, so referring doctors are urged to give a full and detailed referral to ensure that this is equitably managed.

Cardiac Investigations directly available on referral:

- | | |
|----------------------------------|---|
| > 12 lead ECG | > 24 hour ECG (Holter) monitor |
| > 24 hour BP monitor | > Exercise ECG testing |
| > Transthoracic echocardiography | > Pacemaker and defibrillator follow-up |
| > Tilt table Testing | |

Cardiac Investigations available but require Cardiologist review prior:

- | | |
|--|---|
| > Stress Echocardiography | > Transoesophageal Echocardiography |
| > Coronary Angiography | > Percutaneous Coronary Interventions (PCI) |
| > Pacemaker & defibrillator implantation | > Electrophysiology testing |
| > Cardiac Ablation Therapy | > Cardiac MRI |
| > CT Coronary Angiography | |

URGENT Target < 1month	SEMI-URGENT Target <3months	NON-URGENT Target <12months	Not Accepted
<p>Condition has the potential to require more complex or emergency care if assessment is delayed</p> <p>Examples:</p> <ul style="list-style-type: none"> > Chest pain of possible cardiac origin > Actual and possible life-threatening cardiac arrhythmias > Decompensated heart failure > Cardiac device failure > Uncontrolled and symptomatic hypertension > Oncology patients with a cardiac problem > Pregnant patient with a cardiac problem > Patient with proven and untreated primary pulmonary hypertension. 	<p>Condition is unlikely to require more complex care if assessment is delayed.</p> <p>Examples:</p> <ul style="list-style-type: none"> > Stable angina > Atrial fibrillation > Poorly controlled hypertension > Symptomatic valvular heart disease > Palpitations with symptoms suggestive of haemodynamic compromise > Syncope of possible cardiac origin > Possible heart failure requiring exclusion, investigation and management > Possible sudden adult cardiac death syndromes > Pre-pregnancy counselling for patients with cardiac problems > Symptomatic adult congenital heart disease. 	<p>Condition is unlikely to deteriorate quickly</p> <p>Examples:</p> <ul style="list-style-type: none"> > CV risk assessment > Symptomatic ectopic beats > Quiescent ischaemic heart disease > Asymptomatic valvular heart disease > Asymptomatic abnormal routine ECG > Routine cardiac device review > Non-specific breathlessness > Compensated heart failure on treatment > Asymptomatic adult congenital heart disease. 	<p>Examples:</p> <ul style="list-style-type: none"> > Age < 16 years > Cardiothoracic surgery > Percutaneous structural heart disease interventions > Cardiac transplantation.

Consultants

- > Assoc Prof. M Arstall (Head of Service - NALHN) (obstetric, general cardiology and cardiac devices)
- > Dr P Averbuj (cardiac oncology, nuclear medicine and general cardiology)
- > Dr S Chacko (interventional cardiology, general cardiology and aboriginal health)
- > Dr A Chan (cardiac devices and heart failure).
- > Dr Y Chow (echocardiography obstetric and general cardiology)
- > Dr L Huynh (echocardiography, CT coronary angiography, valvular disease and general cardiology)
- > Dr D Lypourlis (electrophysiology and arrhythmia)
- > Dr D Mahadevan. (echocardiography, CT coronary angiography, cardiac MRI, valvular disease, pulmonary hypertension and general cardiology)
- > Dr R Mahajan (electrophysiology, arrhythmia and AF)
- > Dr K Mishra (interventional and general cardiology)
- > Dr M Varghese (interventional and general cardiology)
- > Dr P Pati (interventional and general cardiology)
- > Dr A Philpott (interventional and general cardiology)
- > Dr S Rajendran (hypertension, interventional and general cardiology)

- > Dr V Chia (valvular disease, echocardiology, interventional and general cardiology)
- > Dr A Munawal (arrhythmia, cardiac devices and general cardiology)

Clinical Resources

Health Pathways SA is available to South Australian GPs and health professionals. Currently over 200 clinical and service referral pathways have been localised for SA and are available on the HealthPathways live portal. New clinical and service referral pathways are continuing to be developed all the time. You can check the [HealthPathwaysSA](#) homepage for an up to date listing of recently published pathways and updated pathways. Other resources to consider include:

- [eTherapeutic Guidelines \(cardiovascular\)](#)
- [Heart Foundation \(for health professionals\)](#)

Discharge Guidelines

Patients whose medical condition has stabilised or resolved and for whom no further appointment has been made will be formally discharged. Patients who failed to attend two consecutive scheduled outpatient visits will also be discharged. If a further assessment is required, a new referral that explains the reason should be directed to the unit.

For More Information or to Make a Referral

Lyell McEwin Hospital

Location:

LMH Referral Fax Number: (TBA)

Phone Number: via LMH Switchboard 8182 9000

Modbury Hospital

Location:

MH Referral Fax Number: (TBA)

Phone Number: via MH Switchboard 8161 2000

For more information about NALHN Outpatient services - www.sahealth.sa.gov.au/NALHNoutpatients

Acknowledgement: Content for this document was primarily sourced through the SALHN Specialty Outpatient Guidelines 2014/15

Version	Date from	Date to	Amendment
1.0	July 2015	May 2016	Original
2.0	May 2016	March 2019	New Template
3.0	March 2019	June 2021	Revised Document, New Template
4.0	June 2021		Revised Template, New Criteria