



PoTS UK

**welcome you to our
training event for Nurses**

**Setting up and
delivering a Syncope
Service.**

Why a Syncope Clinic?



Burden of Syncope



- 1-3% ED visits
- 32% admitted
- 50% patients leave with no diagnosis
- 50% admissions >75 yrs
- 10% falls in elderly are attributed to syncope
- With an increasingly older population, syncope related ED attendances, hospital admissions and injuries will continue to rise
- Cardiac syncope has a significantly increased risk of death

Challenges



- **6th most common reason for attending ED**
- **Limited time to diagnose and treat**
- **Lack of access to appropriate investigations**
- **Accompanying injuries**
- **Appropriate assessment?**
- **Significant drain on bed days**
- **Red flags**
- **Repeat attendances**
- **No dedicated pathway resulting in fragmented/ delayed care**

Benefits



- **Reduction in repeat attendances**
 - Fewer repeat syncope cases
- **Reduced admissions**
 - Appropriately treat as an outpatient referral instead of admitting
 - Enables ED to achieve targets safely
- **Security in patient care**
 - Dedicated pathway for specific and focussed care
 - Clear risk stratification
 - High risk patients clearly defined

**SYNCOPE UNITS
REDUCE THE
BURDEN OF
SYNCOPE ON
SECONDARY
CARE, INCREASE
LIKELIHOOD OF A
DIAGNOSIS AND
SUBSEQUENT
TREATMENT**

Inspiration



The inspiration for this service came from the Blackout service at James Cook University Hospital.

Their initial team consisted of:

- 5 Consultant Cardiologists
- 1 Consultant Neurophysiologist
- 6 CRM Specialist nurses
- 1 Epilepsy Nurse Consultant
- 1 CRM Nurse Consultant
- 8 Cardiac Physiologists (7 wte)
- 2 Health Care Assistants
- 3 Administrative Assistants

Guidelines



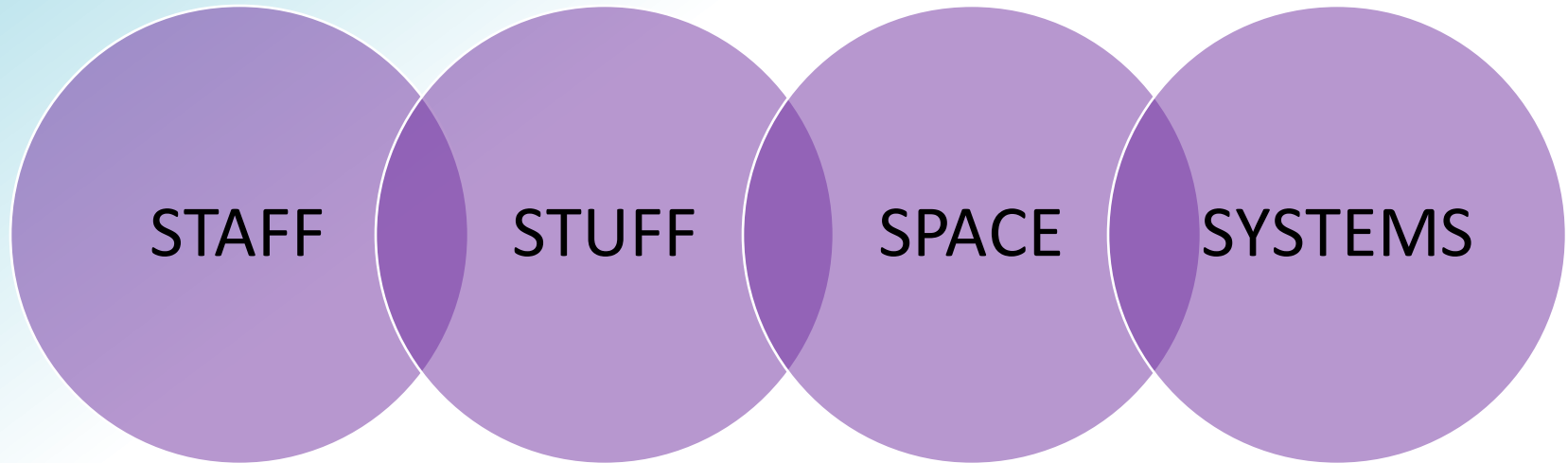
ESC

European Society
of Cardiology

NICE

National Institute
for Health and
Care Excellence

Where to start?



WHERE YOU ARE



WHERE YOU WANT TO
BE

Staff

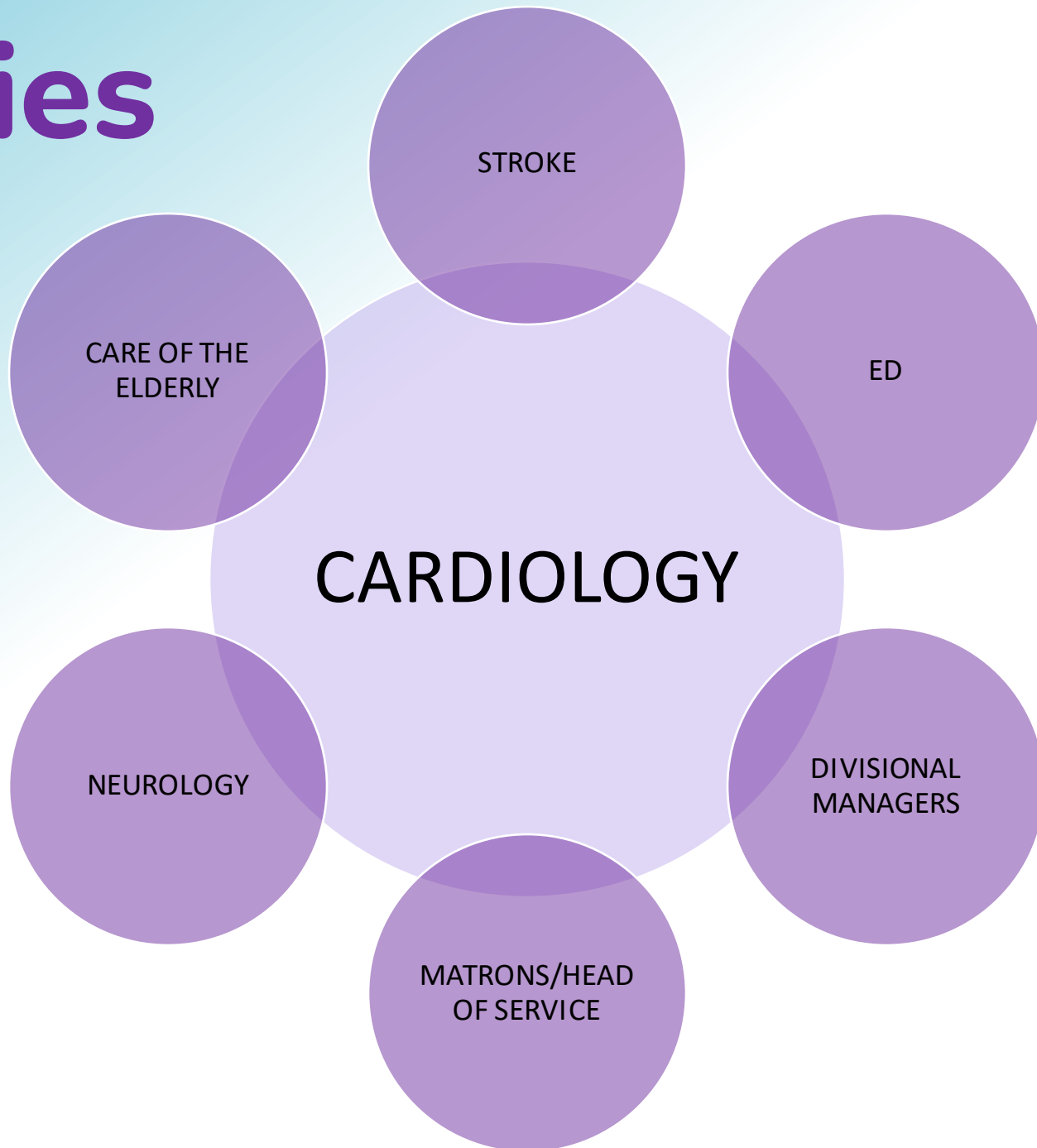


- **1 Arrhythmia Specialist Nurse**
 - **Planned to complete MSc Module Investigation and Management of Arrhythmias and Blackouts**
- **1 PPC (shared with other services)**
- **1 supervising Cardiologist**
- **6 Cardiologists**
- **1 cardiac physiologist (and the team)**

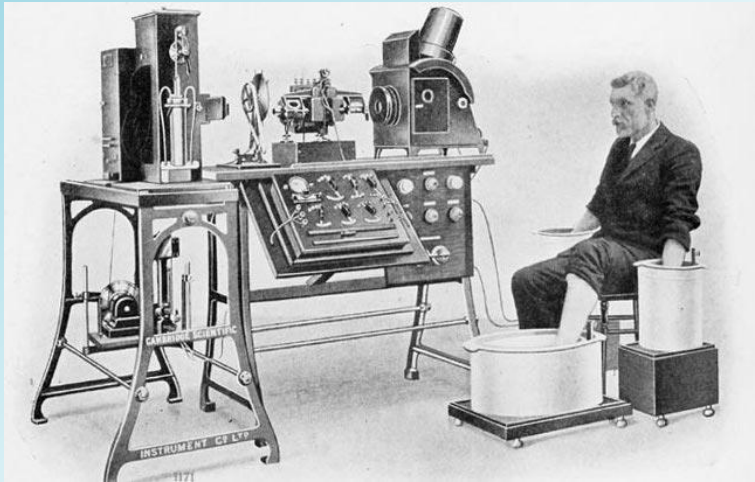
Creating a system wide team...



Allies



Stuff



Ability to refer for:

- tilt table testing
- external and internal (implantable) ECG loop recorder systems
- 24 hour ambulatory blood pressure monitoring
- 24 hour ambulatory ECG monitoring
- Echocardiography
- intracardiac electrophysiologic testing
- stress testing
- cardiac CT/ MRI



The pathway



Risk stratification for syncope.

HIGH RISK IF 1 OR MORE CRITERIA

MET

- No prodromal symptoms
- New symptoms of chest or abdominal pain, breathlessness, headache
- Pre-syncope with sudden onset palpitations
- Syncope during exertion

MANAGEMENT

- Cardiology review / discussion
- In-hospital observation for 6-12 hours, consider ambulatory care
- Echocardiogram
- Consider ETT (if syncope after exertion)

AIM TO VET REFERRALLS WITHIN
48 HOURS OF RECEIVING THEM
AND TO OFFER A CLINIC
APPOINTMENT WITHIN 14 DAYS

Details of referrer:

Date:

Safety Advice

Should patient stop driving? (refer to DVLA guidelines)
Avoid Heights
Shower rather than bathe
What to do in the event of recurrence. Provide discharge advice

Arrhythmia Nurse
Clinic 5
Ext 3939
Mob 07880472702

Please copy and file in notes, send referral plus ECG to Arrhythmia Nurse, Clinic 5
Ref: ESC Guidelines for the Diagnosis and Management of Syncope 2018

DRIVING



Assessing a patient's fitness to drive
5. When diagnosing a patient's condition, or providing or arranging treatment, you should consider whether the condition or treatment may affect their ability to drive safely. You should:

- **refer to the DVLA's guidance Assessing fitness to drive – a guide for medical professionals, which includes information about disorders and conditions that can impair a patient's fitness to drive**

Space



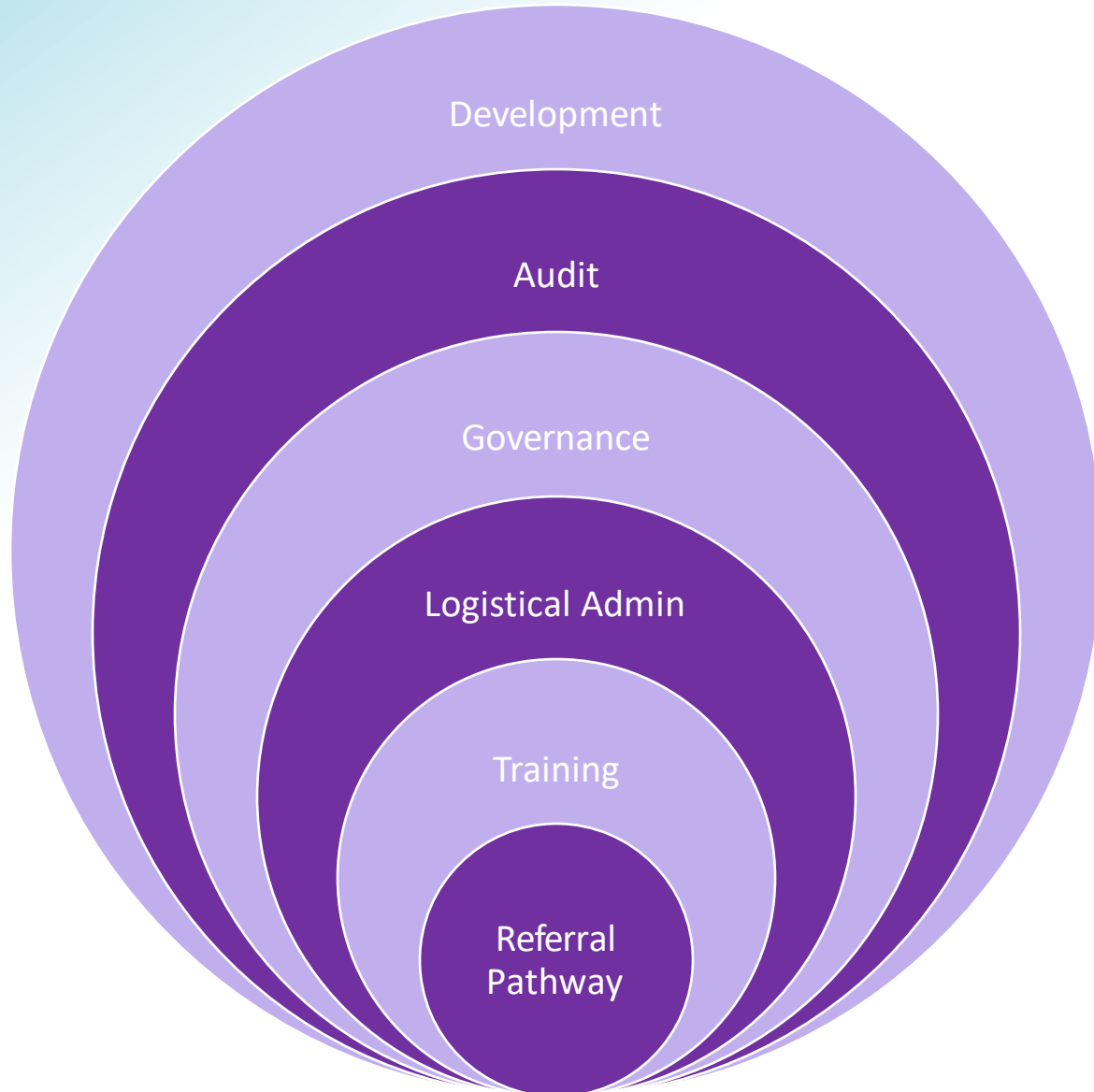
My Clinic Room

Clinic space is often at a premium with demand far outweighing capacity.

It was important to secure a suitable room, at the same time on a regular basis.

Lots of communications between the various departments that share our outpatient space was vital.

Systems



Where we were...



Review of admissions via ED over 3/12 period.

- **118 Admissions coded syncope**
- **Average LOS – 1 day**
- **15 readmissions.**
 - **10 non-cardiac**
 - **5 syncope**

Potential?



Using the Syncope pathway 106 of these patients could have been discharged from ED.



A Review



Data for March 2019 – Jan 2020

- 72 patients
- 31% autonomic dysfunction
 - Postural hypotension
 - Orthostatic hypotension
 - PoTS
 - Only 1 of these patients represented to healthcare services following interventions in clinic.
- 7% patients identified and treated with PPM. Syncope clinic expedited this process compared to traditional referral routes

Key Learning



REFERRALS

- **Appropriate risk assessment of each referral is vital.**
- **Not all referrals are created equally!**
- **A much needed service will grow – quickly.**
 - **Demand now exceeds capacity. It is important to ensure ongoing expansion is possible.**
- **Don't create more referral pathways than the service can cope with.**

CLINICAL PRACTICE

- **Assessment/history is key.**
 - **Listen to your patient...William Osler**
 - **Inviting patients to bring a 'witness' or a witness account of events is invaluable.**
- **Identify and meet training needs.**
- **Clinical governance**
- **MDT meetings**
- **The importance of reflective practice**

AUDIT/ EVALUATION

- **Be specific with what is being measured.**
- **Collect data as it becomes available.**
- **Enlist some help with data collection.**

This process has been a learning and development opportunity which has revealed gaps in the clinicians knowledge and skill set. This will be addressed before/ during re-audit.

Key successes



- 7% patients identified and treated with PPM. Syncope clinic expedited this process compared to traditional referral routes.
- Patients with autonomic dysfunction had good response to intervention- only one known re-presented to Cardiology.
- Reduced presentations to health care services.
- Obvious cost savings to NHS.
- Potential reduction in mortality.
- Patient satisfaction
- Job satisfaction

Feedback



Patient:

- I felt heard and hopeful for the first time in years.
- I was upset I was stopped from driving for a while but was happy that I got my pacemaker.
- I had been collapsing for years and was told it's normal! I knew it wasn't and I am delighted I can live the life I want to now I have been treated.

Colleague

- Syncope is always a challenge at the front door. The syncope clinic provides us a safe avenue to discharge patients knowing they will be assessed in a timely manner.

Top Tips



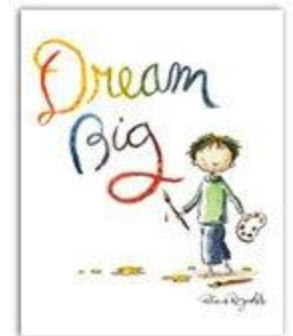
Be humble

Be brave

Be persistent

Evaluate, adapt, evaluate, adapt...

Dream big, Start small



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