

## **Project Title**

Post Myocardial Infarction (MI) Clinic

## **Project Lead and Members**

Project lead: Dr Kua Jieli

Project members: Toh Lay Cheng, Carrie Yan, Dennis Chua, Saw Yik Chuen, Christina Khoo, Lee Ying Ming, Veronica Teo, Koh Shi Yi

## **Organisation(s) Involved**

Ng Teng Fong General Hospital

## **Healthcare Family Group(s) Involved in this Project**

Allied Health, Healthcare Administration, Medical, Nursing

## **Applicable Specialty or Discipline**

Cardiology

## **Project Period**

Start date: 2020

Completed date: 2021

## **Aims**

The Post MI Clinic team aims to achieve a post discharge to clinic review waiting time of < 30 days in at least 50% of post PCI and to achieve optimal medical care in this cohort of patients.

## **Background**

See poster appended/ below

## **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

## **Lessons Learnt**

There are duties that can be allocated and shared utilising all the resources we have in the hospital. We are able to improve the quality of care we provide at a reduced cost.

## **Conclusion**

See poster appended/ below

## **Project Category**

Care Continuum, Chronic Care, Specialist Care

## **Keywords**

Myocardial Infarction, Post Discharge Care, Multidisciplinary

## **Name and Email of Project Contact Person(s)**

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# Post MI clinic

Members:

Dr Kua Jieli (Team leader), Toh Lay Cheng, Carrie Yan, Dennis Chua, Saw Yik Chuen, Christina Khoo, Lee Ying Ming, Veronica Teo, Koh Shi Yi, Pipin Kojodjojo (Sponsor)

- SAFETY
- QUALITY
- PRODUCTIVITY
- COST
- PATIENT EXPERIENCE

## Define Problem, Set Aim

### Problem

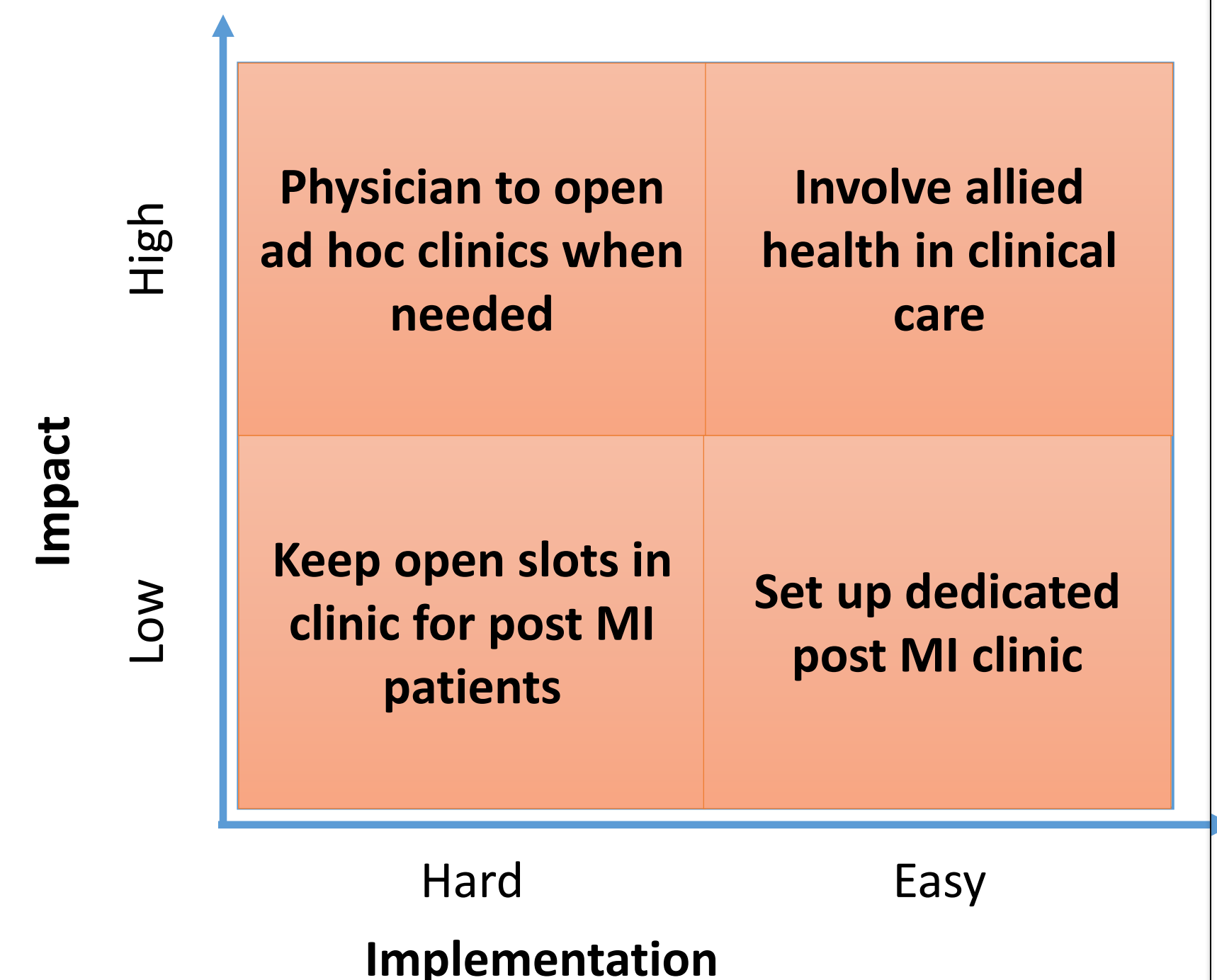
Post PCI patients should be reviewed in clinic early after discharge (within 4 weeks time) to review complications, compliance and patient's concerns. It is difficult to force book patients in already packed clinics and appointment is delayed. In a mixed clinic set-up, post PCI patients may not get optimal care. In a sampling of 20 patients, 50% were not seen within a month.

### Aim

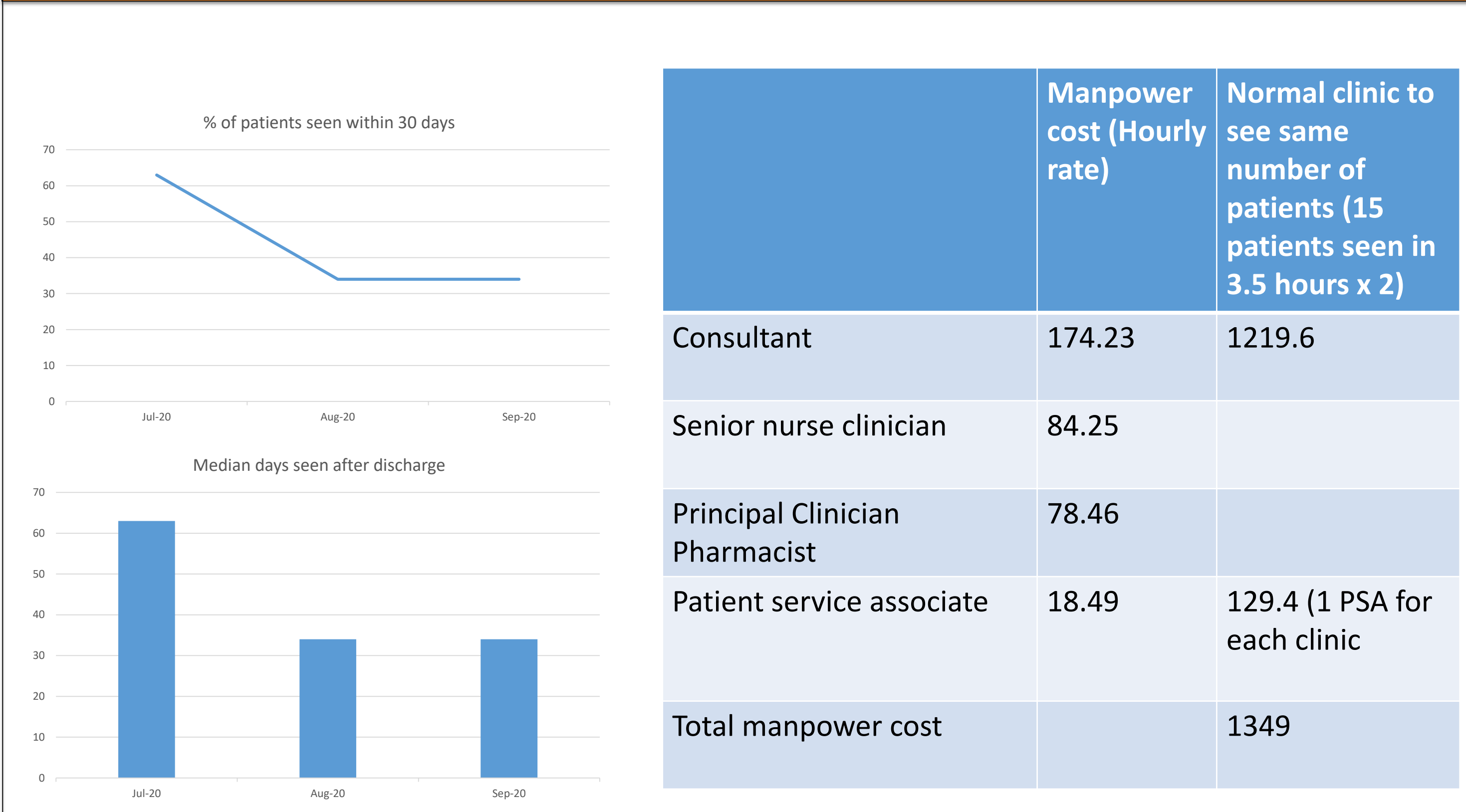
The Post MI Clinic team aims to achieve a post discharge to clinic review waiting time of < 30 days in at least 50% of post PCI and to achieve optimal medical care in this cohort of patients

## Select Changes

Root Cause	Potential Solutions
Pre-existing clinics are already fully booked in advance	1 <i>Keep open slots in clinic for post MI patients</i>
	2 <i>Set up dedicated post MI clinic</i>
	3 <i>Involve allied health in clinical care</i>
	4 <i>Physician to open ad hoc clinics when needed</i>



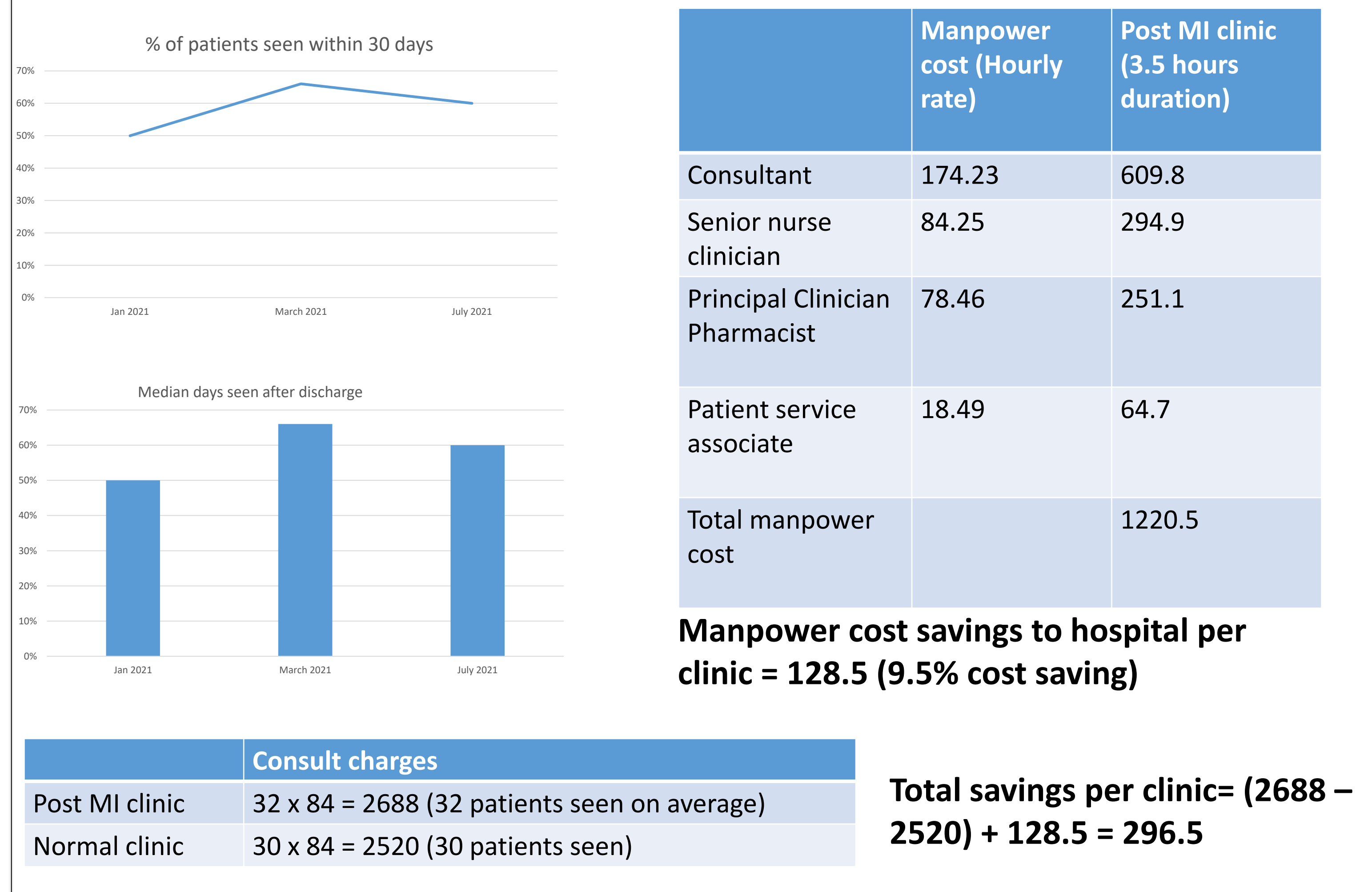
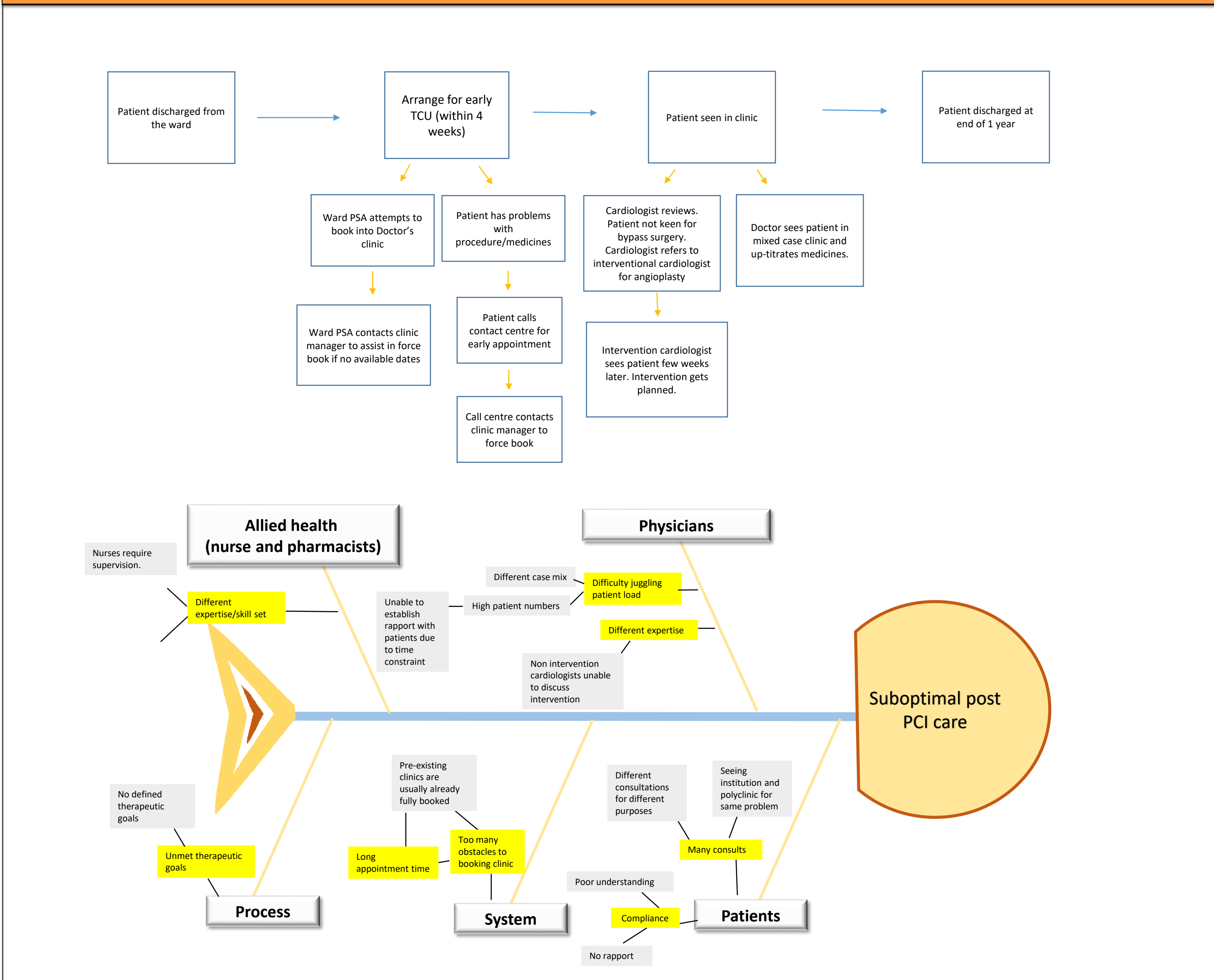
## Establish Measures



## Test & Implement Changes

Cycle	Plan	Do	Study	Act
1	Start a dedicated multidisciplinary clinic in December 2020 involving intervention cardiologists, pharmacists and nurses. Reviewing only post MI patients hence allowing patients to be booked in 2 to 4 weeks after discharge.	There was confusion as it was unclear which clinic (doctor or nurse) patient was supposed to see.	Create a separate resource for post MI doctor and nurse clinic.	Adapt
2	Clear therapeutic goals to work towards with steps to take if goal is not met.	Initial targets agreed over discussions/emails were not adhered to	Laminated copy of therapeutic goals and management were kept in the rooms	Adapt
3	Patient's 1 <sup>st</sup> visit will be to see specialty nurse to review post procedure complications, medication compliance and understanding of condition.	Nurses need supervision and certain patients maybe more difficult hence requiring doctor's input. This can be challenging if doctor is busy reviewing his own patients.	To limit patients in Doctors clinic so that adequate time can be allocated to help with difficult patients nurses may have	Adapt

## Analyse Problem



## Spread Changes, Learning Points

A quarterly review of workflow with nurse and pharmacist managers to discuss problems and solutions. These changes are then brought back to their respective teams. A Tigertext group has also been set up for quick relay of information.

**Learning points**  
There are duties that can be allocated and shared utilising all the resources we have in the hospital. We are able to improve the quality of care we provide at a reduced cost.