

CARDIOLOGY DEPARTMENT

			
<p>Dr Omar Fersia Consultant Cardiologist Arrhythmia / devices</p>	<p>Dr Chris Gingles Consultant Cardiologist. Imaging (CT / echo)</p>	<p>Dr Stephen Glen Consultant Cardiologist Imaging (echo), adult congenital. Sessions in NES.</p>	<p>Dr Allister Hargreaves Consultant Cardiologist Imaging (CT / echo)</p>
			
<p>Dr Catherine Labinjoh Consultant Cardiologist Heart failure, devices. Clinical lead. Sessions in Edinburgh.</p>	<p>Dr Gareth Padfield Consultant Cardiologist Arrhythmia / devices. Outpatient and device activity in Forth Valley.</p>	<p>Dr Fiona Shearer Consultant Cardiologist Imaging (CT / echo), adult congenital.</p>	<p>Dr Sowmya Venkatasubramanian Consultant Cardiologist Heart failure, devices</p>
			
<p>Joanne Cusack Cardiac Investigations Manager</p>	<p>Donna Marshall Charge Nurse, cardiology ward</p>	<p>Catherine Mondo Consultant Nurse Cardiology department manager</p>	

Cardiology at Forth Valley Royal Hospital

This is a purpose designed unit situated just above the emergency department and acute assessment unit, and beside the intensive care unit. There is an inpatient ward, outpatient department, investigations unit, and ambulatory care day ward all arranged together in a large square.

The Ward:

There are 14 beds, all single rooms with the ability to monitor via telemetry for cardiac patients.



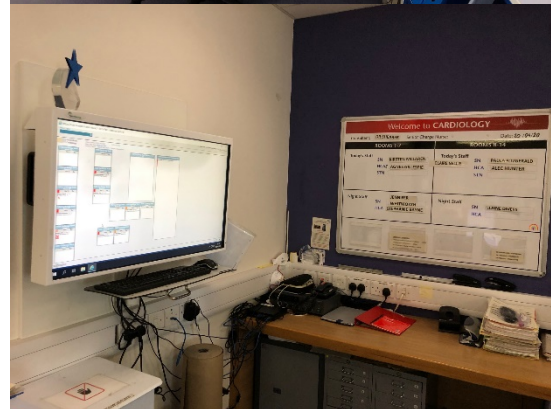
We have a huddle every weekday morning at 9.15 am at the central ward station to brief the team on any overnight developments, to plan the ward rounds and any urgent assessments or jobs to do. The consultant on call will attend this.

There is a consultant on call every weekday who will see new patients and referrals across the hospital.

All patients should be seen by a consultant or middle grade doctor daily during the week. FY1's should attend consultant or middle

grade doctor ward rounds where possible to help increase educational opportunities and to become familiar with the patients and their clinical course which will help if completing referrals or discharge letters.

Weekend handover: on Friday afternoon a handover list is drawn up to detail if a patient requires clinical review, if bloods are required, and if discharge from hospital is possible (with clear criteria documented). Any escalation status decisions should be clarified before the weekend.



MDT room in the cardiology ward:



Angiogram referrals:

These are done by email to Edinburgh and via SCI gateway to Glasgow with weekday admin support in the cardiology department to process these (Lynn and Colleen) – you complete the paper form on the ward and they will send these through for you.



Some patients require coronary angiography during their admission to Forth Valley, others can go home first and have early coronary angiography as a day case. A consultant decision will be made for each patient to clarify which pathway is required.

A significant proportion of our patients are transferred to Glasgow or Edinburgh for angiography or intervention. A discharge letter is required for each patient on transfer. If echo images are required (for example, a patient with aortic stenosis requiring TAVI) then these can be transferred electronically to Lothian – ask the inpatient echo physiologist to do this for you. We still need to prepare disks for patients with valve disease being transferred to Glasgow – the inpatient echo physiologist will do this for you. The inpatient echo physiologist can be found in cardiac

investigations (just around the corner from the cardiology ward) and will have a notice on their door identifying themselves.

Most patients will be followed up after coronary angiography at the cardiac rehabilitation assessment clinic if they have had an acute coronary syndrome. Heart failure patients may be followed up at the heart function clinics run by specialist nurses. Rarely patients may require consultant clinic follow-up but this should be confirmed by the consultant responsible prior to discharge.

Specific training opportunities

Clinics (timetable enclosed)

We have our own outpatient department with specialist nurse support and trainees are very welcome to attend. Please let us know beforehand so we can make sure there is a room available for you.

Procedures

Cardioversions: every Tuesday and Wednesday afternoon run with anaesthetic support from ITU in the CT Scanner room in cardiology (note – there is no CT scanner in this room!)



Echocardiography: daily multiple lists ongoing in the cardiology department with the opportunity to learn FICE (intensive care) focused echocardiography as well as working towards cardiology specialist accreditation (British and European). Specialist echo lists on Tuesdays – transoesophageal echo in the morning, stress and contrast in the afternoon.

Device implants: pacemakers, CRT's and ICD's on Monday and Wednesday mornings in theatre 14 and theatre 8 (electives). Inpatient and emergency devices implant are performed in Interventional Radiology (Monday or Wednesday PM) or CEPOD theatre. Trainees are encouraged to attend.

CT coronary angiography with lists on Monday and Thursday afternoons.

Cardiology day unit



This is a specialist nurse run unit run in weekday hours for the assessment of patients prior to procedures (eg transoesophageal echo, cardioversion), and also for ambulatory management of heart failure patients and protocol based assessment of patients (eg flecainide challenge for Brugada syndrome, endocarditis screening). Implantable loop recorders (nurse led procedure) are also performed here.

In an emergency:

Defibrillators are in the cardiology ward, cardiac investigations and in the outpatient corridor. A rapid emergency tone is sounded by pulling the red pull switch in any patient or clinic room and a large team will arrive very quickly. The hospital cardiac arrest team is called by phoning 2222.



Educational meetings

Monday 12.45 – 1.30 – Medical unit meeting
(lecture theatre, education centre)

Tuesday 12.15 to 1pm – Echo MDT (seminar
room 2, cardiology unit)

Thursday 12.30 to 1.30 pm – M&M (seminar
room 2, cardiology unit)

There are other clinical meetings which may
be of interest, particularly for specialist
trainees including:

Heart function MDT at 8.30 am, Tuesdays

Device extraction MDT by VC

Device MDT alternate weeks

Consultant Clinic timetable

	AM	PM
Monday	Dr Gingles	Dr Padfield Dr Fersia
Tuesday	Dr Labinjoh Dr Venkatasubramanian	Dr Hargreaves Dr Shearer
Wednesday		Dr Hargreaves
Thursday	Dr Glen Dr Shearer Dr Gingles	Dr Glen Dr Venkatasubramanian Dr Fersia
Friday	Cardiac genetics (outreach from Glasgow, monthly) Dr Shearer Dr Padfield Dr Gingles	

Additional clinics include:

Atrial fibrillation – Dr Linda McShane, Specialty Doctor

Heart function – Advanced Nurse Practitioners

Hypertrophic cardiomyopathy – Advanced Nurse Practitioners and Highly Specialised Cardiac Physiologists

Valve surveillance – Specialist Nurse and Highly Specialised Cardiac Physiologists

Physiologist led device follow-up clinics - Highly Specialised Cardiac Physiologists

Phone numbers:

Dr Fersia, page 1806, Secretary – Sharon Mason 66816

Dr Glen, page 1535. Secretary – Jackie Cunningham ext 67642

Dr Gingles, page 0091. Secretary – Julie Adam ext 66816

Dr Hargreaves, page 1537. Secretary – Fiona Irvine ext. 66819

Dr Labinjoh, page 1580. Secretary – Sharon Mason ext 66832

Dr Padfield, page 1090. Secretary – Julie Adam ext 66816

Dr Shearer, page 1766. Secretary - Bronwen Davies ext 66818

Dr Venkatasubramanian, page 1076. Secretary – Bronwen Davies ext. 66818

Covid-19 has had an impact on our activities with a reduction in face to face consultations and an increase in virtual clinics. This is an evolving situation and we'll keep you updated as the arrangements progress. For now, our educational meetings have been postponed to avoid face to face contact within the team and to maintain social distancing. Face masks are required throughout the cardiology unit (ward and investigations department).