

Objectives

1. Integration of care provision between primary and secondary teams.
2. Clinical and educational support by the chest pain team to community (GPs and nurses) and acute (ED and MAU) teams to improve the quality of RACPC referrals and patients management
3. Reduce unnecessary admissions
4. Improve in-patient care and flow.
5. Reduction in the number of un-necessary investigations and treatments (both non-invasive and invasive) due to sub-optimal management of patients with diagnosed coronary artery disease.
6. Financial savings from the overall service improvement.
7. Business case development to support **KERNOW CORONARY** ' S D W and De

Methods

Over 3000 patient records studied and a large QI project incorporating 4 audits developed to study:

The effectiveness of the previous RAPCP & acute chest pain referral pathways and

Recent clinical guidelines, medical evidence, local RCH audits data as well as recommendations in the % & 6 ¶) XoW X U H Cardiology document and the GIRFT report have all been studied to lay the foundation for the **KERNOW Comprehensive caRdiology chest paiN manAgement and tReatment pathwaY (KERNOW CORONARY)**.