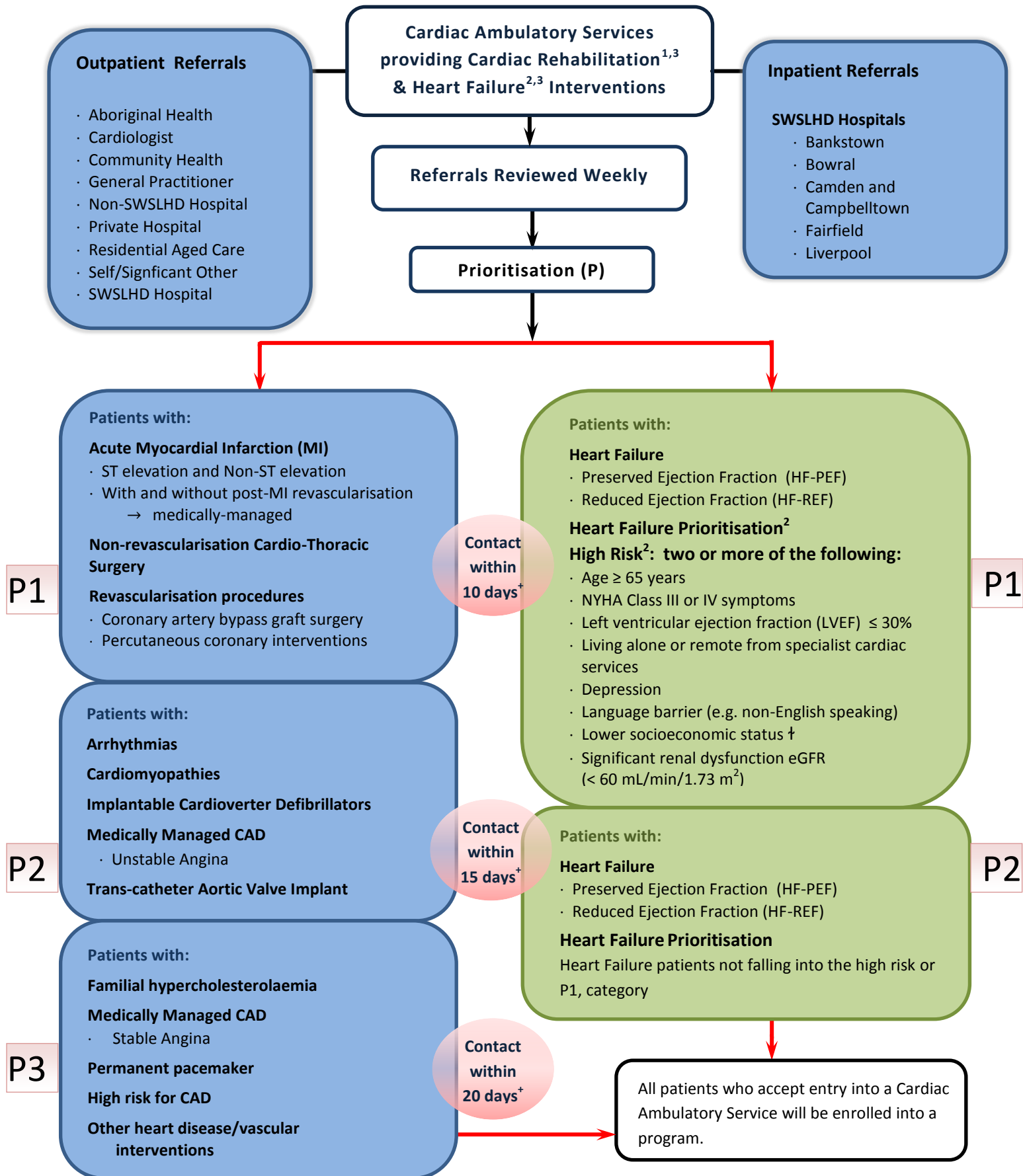


South Western Sydney Local Health District: Cardiac Ambulatory Services Referral and Priority Pathway

The Cardiac Ambulatory Services (CAS) Referral and Priority Pathway enables CAS nurses to prioritise entry into a program. The pathway is a guide only and may be modified according to clinical need, at the clinician's discretion.

Core Component: All eligible patients must be offered referral to a Cardiac Ambulatory Service which best suits the patient's individual needs, as soon as possible after diagnosis or before discharge from hospital¹. Exclusion criteria include patients whom CAS clinicians deem inappropriate including those <16 years old and in high level care at an aged care facility.



⁺ Contact is within stated days of referral receipt

South Western Sydney Local Health District: Cardiac Ambulatory Services Referral and Priority Pathway

Glossary

Cardiac Rehabilitation: Denotes a program within South West Sydney Local Health District by this name or another, delivering cardiac rehabilitation and secondary prevention services in an outpatient setting.

Contact: Phone or letter contact.

Days: Working days.

Heart Failure: Denotes a program within South West Sydney Local Health District by this name or another, delivering services to chronic cardiac patients who are not suitable to enter a Phase II Cardiac Rehabilitation Program.

Inpatient Referrals: Referrals for the patient at the time of admission to, or within the week of discharge from any SWSLHD public hospital.

Outpatient Referrals: Referrals for the patient from any source external to a SWSLHD public hospital.

P1 = Priority One: Patients deemed to be in the priority one (1) group by a Cardiac Ambulatory Services clinician are at high risk of premature morbidity and mortality, or of re-admission to hospital.

P2 = Priority Two: Patients deemed to be in the priority two (2) group by a Cardiac Ambulatory Services clinician are at moderate risk of premature morbidity and mortality, or of re-admission to hospital.

P3 = Priority Three: Patients determined to be priority three (3) group by a Cardiac Ambulatory Services clinician are at low risk of premature morbidity and mortality, or of re-admission to hospital.

† Lower socio-economic status impacting on adherence to pharmacological and non-pharmacological therapy – *for further information see reference 2, page 18, 6.1.*

Reference List

1. Woodruffe S, et al. Australian Cardiovascular Health and Rehabilitation Association (ACRA) Core Components of Cardiovascular Disease Secondary Prevention and Cardiac Rehabilitation 2014. Heart, Lung and Circulation (2015), [http://www.heartlungcirc.org/article/S1443-9506\(14\)00822-1/abstract](http://www.heartlungcirc.org/article/S1443-9506(14)00822-1/abstract)
2. National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand (Chronic Heart Failure Guidelines Expert Writing Panel). Guidelines for the prevention, detection and management of chronic heart failure in Australia. Updated October 2011, http://www.heartfoundation.org.au/SiteCollectionDocuments/Chronic_Heart_Failure_Guidelines_2011.pdf.
3. South Western Sydney Local Health District Strategic & Healthcare Services Plan Strategic Priorities in Health Care Delivery to 2021, https://www.swslhd.nsw.gov.au/pdfs/SWSLHD_Strategic_Priorities_to_2021.pdf