



**Dated:** December 2<sup>nd</sup>, 2015

**To:** General Practitioners, Family Medicine Groups in Nova Scotia

**Re:** Ambulatory Consultations

**Dear Colleagues:**

The Division of Cardiology at the Halifax Infirmary Site is working to improve access to ambulatory consultations with cardiologists located at the Halifax Infirmary Site.

The Cardiology Division at the Halifax Infirmary Site has developed a new referral form which is available on Nightingale, Practimax and Accuro for easy access to those of you using electronic medical records. It will also be available in paper form to facilitate faxing as an alternative.

To achieve our goal of “the right patient seeing the right specialist at the right time” we would like to provide guidelines for referral.

**GUIDELINES**

If the patient has seen a specialist in General Internal Medicine or Cardiology in the past they should be referred back to the same specialist for continuity of care.

For improved access and patient-centered care, patients should be referred to the specialists in their local geographic area and should not be referred to Halifax prior to assessment by the local specialist.

In keeping with the patient-centric geographic approach; patients from Dartmouth should be seen by the Dartmouth General Hospital Group. Referral to Dartmouth General Hospital should continue to be faxed to the private office fax numbers.

**All patients being referred for Cardiology assessment should have a completed referral form filled out and also fine to say “see attached” screening baseline non-invasive investigations completed with reports and attach a letter to the referral. It is with all pertinent history and physical findings as it is not always possible for us to access reports of tests done in the communication.**

**Basic non-invasive investigations usually include: CBC, electrolytes, kidney function, liver function, thyroid function, lipid profile, ECG and chest x-ray.**



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Re: Ambulatory Consultations

**Conditions that are best suited for assessment by General Internal Medicine specialists include:**

1. Pre-operative consultations for non-cardiac surgery
2. Hypertension
3. Murmur of unknown origin
4. Atypical chest pain
5. Typical chest pain in patients with multiple co-morbidities
6. Palpitations of unknown origin

**Conditions that are best assessed by Cardiology specialists include:**

1. Documented advanced coronary artery disease
2. Symptomatic chest pain suggestive of angina especially at low levels of activity
3. Documented left ventricular dysfunction
4. Decompensated heart failure
5. Documented arrhythmia
6. Known cardiac valvular disease
7. Known structural heart disease
8. Known congenital heart disease
9. Referral to specialized tertiary and quaternary care highly specialized clinics

**Patients best suited to assessment by Geriatric specialist include:**


1. Elderly patients with multisystem disease
2. Elderly patients suffering from recurrent falls.
3. Elderly patients suffering with polypharmacy
4. Elderly patients suffering from general decline and poor quality of life
5. Elderly patients suffering from memory and/or functional issues

**Patients best suited for community health clinics include:**

1. Asymptomatic patients for risk assessment
2. Nutritional and lifestyle education

**Patient Suited for CV Hearts-in-Motion:** Stable patients with coronary artery disease, post-non-disabling stroke, documented TIA, documented peripheral vascular disease, high risk Framingham patient, diabetic patients with other risk factors, those with difficult to treat lipid disorders, statin intolerance and inability to achieve guideline targets for lipid-lowering should be considered for our Multi Risk Polyvascular Prevention and Behavior Change Management Program (Heart-in-Motion) Phone #902-473-3744 to get them enrolled.

Yours sincerely,



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