L'EBN IN EMODINAMICA

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I do not have any potential conflict of interest

L'EBN IN EMODINAMICA

EAPCI

EUROPEAN SOCIETY OF CARDIOLOGY®

A Cardiac Catheterisation Laboratory Core Curriculum for the Continuing Professional Development of Nurses and Allied Health Professions:

OBIETTIVI DEL DOCUMENTO EUROPEO

Applicare la medicina basata sull'evidenze secondo le necessità e le caratteristiche del singolo paziente

Essere in grado di comprendere e spiegare la procedura al paziente e ai familiari.

Acquisire le conoscenze teoriche e le competenze pratiche per assistere i pazienti durante le procedure di cardiologia interventistica.

Assistere alla cura e alla gestione dei pazienti nella fase pre-procedurale, peri-procedurale e post procedurale.

Identificare la strategia ottimale per gestire le complicanze legate alla procedura.

INTERVENTI EVIDENCE BASED IN EMODINAMICA

INTERVENTI E.B. RISPETTO ALLA SICUREZZA DEL PAZIENTE

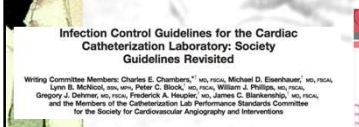
controllo delle infezioni

(Dispositivi venosi centrali, periferici, Dispositivi non invasivi al posto del CV)

INTERVENTI E.B. RISPETTO ALLA SICUREZZA DEL PAZIENTE

legate alla procedura

(Check list, idratazione per la riduzione del rischio di CIN)


Infection Control Guidelines for the Cardiac Catheterization Laboratory: Society Guidelines Revisited

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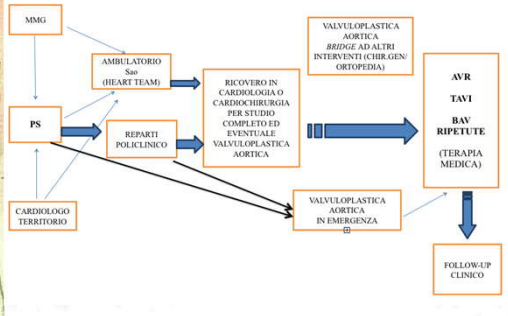
PERCORSO STENOSI AORTICA



L'infermiere all'interno dell'Heart Team migliora la qualità di vita dei pazienti sottoposti a sostituzione trans-catetere della valvola aortica?

2017 AHA/ACC Focused Update of the 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

Recommendations for Choice of Intervention

COR	LOE	Recommendations	Comment/Rationale
I	C	For patients in whom TAVR or high-risk surgical AVR is being considered, a heart valve team consisting of an integrated, multidisciplinary group of healthcare professionals with expertise in VHD, cardiac imaging, interventional cardiology, cardiac anesthesia, and cardiac surgery should collaborate to provide optimal patient care.	2014 recommendation remains current.

REVIEW TOPIC OF THE WEEK

A Call for an Evidence-Based Approach to the Heart Team for Patients With Severe Aortic Stenosis

Megan Coylewright, MD, MPH,* Michael J. Mack, MD,† David R. Holmes, Jr, MD,‡ Patrick T. O'Gara, MD§

TABLE 1 Potential Outcomes of Effective Heart Team Interventions

	Patient	Clinician	Health System
Improved knowledge	x	x	
Reduced decisional conflict	x		
Greater satisfaction (with care delivery process)	x	x	
Involvement in shared decision making	x	x	
Improved quality of life (functional status [patient] or workplace [clinician])	x	x	
Expanded clinical and procedural skill set		x	
Reduction in variability both in access and outcome			x
Greater adherence to guidelines			x
Lower readmission rates			x
Shorter length of stay			x
Faster time to decision			x
Lower cost			x
Improved care coordination and communication			x

Canadian Journal of Cardiology 28 (2012) 520–528

Society Position Statement

Transcatheter Aortic Valve Implantation: A Canadian Cardiovascular Society Position Statement

RECOMMENDATION

For TAVI programs:

1. The multidisciplinary heart team should include:
   a. Interventional cardiologists
   b. Cardiac surgeons
   c. Imaging specialist
   d. Cardiac anaesthetist
   e. Experienced nurses

   (Strong Recommendation, Low-Quality Evidence).
2. Primary operators should perform a minimum of 25 cases per year (Strong Recommendation, Low-Quality Evidence).
3. Training of a TAVI operator should include:
   a. Didactic theoretical sessions for 1 day, as a minimum
   b. Simulator training
   c. Observation of 2 to 5 TAVI cases, as a minimum
   d. Support for the initial 5 to 10 cases by a proctor, as a

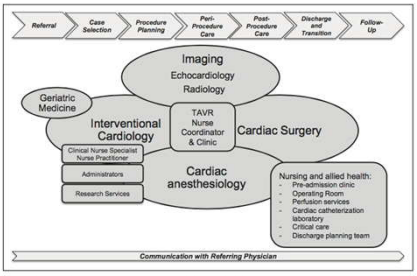


Figure 1. Expanded heart team for the development of the Vancouver TAVR clinical pathway. TAVR indicates transcatheter aortic valve replacement.

Innovations in Care

Vancouver Transcatheter Aortic Valve Replacement Clinical Pathway

Minimalist Approach, Standardized Care, and Discharge Criteria to Reduce Length of Stay

Sandra B. Lauck, PhD; David A. Wood, MD; Jennifer Baumbusch, PhD; Jae-Yung Kwon, MSN; Dion Stub, MBBS, PhD; Leslie Achtem, BSN; Philipp Blanke, MD; Robert H. Boone, MD; Anson Cheung, MD; Danny Dvir, MD; Jennifer A. Gibson, MSN; Bobby Lee, MD; Jonathan Leipsic, MD; Robert Moss, MD; Gidon Perlman, MD; Jopie Polderman, BSN; Krishnan Ramanathan, MD; Jian Ye, MD; John G. Webb, MD

Nursing leadership of the transcatheter aortic valve implantation Heart Team: Supporting innovation, excellence, and sustainability

Sandra B. Lauck, PhD, RN[1,2]; Janis McGladrey, MA, BScN, RN, CHE[1]; Cindy Lawlor, BSN, RN[1]; and John G. Webb, MD[1,2]

Healthcare Management Forum 1-5

DOI: 10.1177/0840470416632004 hmf.sagepub.com
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Table 6. Patient Outcomes

Variables	All n=393	Standard Discharge n=243 (61.8%)	Early Discharge n=150 (38.2%)	*P* Value
Length of stay*	3 (2,4)	3 (3,4)	1 (1,2)	<0.001
30-d mortality	5 (1.3%)	4 (1.6%)	1 (0.7%)	0.07
30-d readmission	42 (10.7)	30 (12.3)	12 (8.0)	0.21
Disabling stroke	3 (0.8)	3 (1.2)	0	0.29
Bleeding				
Life-threatening bleed	3 (0.8)	3 (1.2)	0	0.29
Major bleed	11 (2.8)	10 (4.1)	1 (0.7)	0.06
Minor bleed	7 (1.8)	6 (2.5)	1 (0.7)	0.26
Blood transfusion ≥1 U	26 (6.6)	22 (9.1)	4 (2.7)	0.013
Major vascular complication	5 (1.3)	5 (2.1)	0	0.16
New dialysis	1 (0.3)	1 (0.4)	0	1
Periprocedural myocardial infarction	0	0	0	
New permanent pacemaker	27 (6.9)	23 (9.5)	4 (2.7)	0.01
Discharged home	384 (97.7)	234 (96.3)	150 (100)	0.017

Values are n (%) or median (interquartile range).
*From procedure to discharge day.

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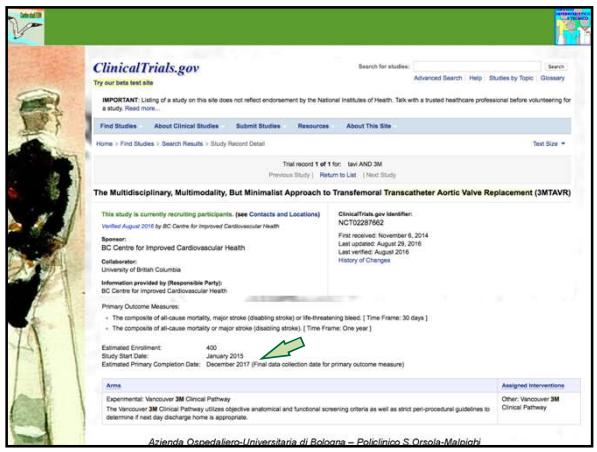

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CONCLUSIONI

Gli Interventi EB in emodinamica non devono considerare solamente la tecnica finalizzata alla procedura, ma tutti gli aspetti, che inseriti all'interno di un percorso sono volti al miglioramento della qualità di vita della persona

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