

Improving the Heart Team Interdisciplinary Team and Integrated Practice Unit

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Introduction

Many publications have emphasize the role and the importance of the Heart Team. Although it is not a new concept, it has emerged recently as an important tool in cardiovascular medicine.

Multidisciplinary medical team uses all expertise to choose the best treatment available. However, patients have many other issues regarding their health problem; and, sometimes, these demands are more challenging than the medical treatment.

Value Based Care proposes the main objective of health organizations should be to deliver value to patients (defined as the relationship between clinical outcomes and the costs). To face these concerns, new models of care have been proposed to assure a holistic care by Integrated Practice Units (IPU).

Heart Institute of São Paulo University is the biggest cardiovascular center in Latin America and most of its demand come from the public health system. So, in order to offer a perioperative comprehensive care, in 2018 we have developed a new approach to the evaluate all these concerns and improve our patient management in the valvular disease unit.



Interdisciplinary team together in the IPU preoperative evaluation.
Picture taken before Covid-19 pandemia

Preliminary Outcomes

Prior to the implementation of IPU, the waiting time for the surgery was 32 months and elective surgical mortality was 8.2%. About 35% of our patients are reoperations and 65% are in functional class III/IV. Waiting time for surgery decreased to 19 months and elective surgical mortality decreased to 2.1%.

Organizational Aspects

Shifts in the classic model are not an easy job. Many debates and meetings were necessary to compose the IPU. Review the waiting surgery list was the first duty. First action taken was to re-stratify the waiting list and review the surgical indication. As a task force, all patients had their preoperative evaluation updated. From this updated list, the IPU began to evaluate about 20 patients per week. In this opportunity, patient was examined by each professional team.

Medical evaluation brought together, at the same room, the cardiovascular surgeon, the cardiologist and the anesthetist. Both surgeon and clinician were valvular disease specialists. Nurse evaluation and follow-up collaborates to identify other health issues, to plan the treatment, to avoid misconceptions and to improve the outcomes regarding the details obtained in each step of preoperative care. Social service focus on identifying the demographic profile of our population and to recognize the social demands that may have an affect on the outcomes. Psychologists acts in a focused and brief evaluation through the semi-guided interview technique and the application of quality of life assessment instruments. Nutritional evaluation aims at the maintenance or adequacy of nutritional status prior to surgical intervention. Physiotherapy team evaluates musculoskeletal and respiratory conditions to detect those patients at greater risk in their postoperative recovery. Pharmacists are committed to organize and assure the delivery and explanations about the medicines. The hospital management team organized the logistics to optimize the necessary exams, returns and surgical scheduling.

On the procedure eve the entire preoperative routine is checked. After surgery and intensive care unit, the patient is referred to the ward. Beyond the daily assessment, there is a meeting with the whole team twice a week, where all cases are reviewed by the entire IPU. Forecast of hospital discharge, referral to backup hospitals and other demands are aligned. At the hospital discharge, the nursing and medical team provide guidance to patients and schedule a return visit consultation.

Conclusion

Just over a year after the implementation of IPU, it was possible to optimize the waiting time for surgery and improve mortality rates. Despite the economic and social difficulties, the reorganization of an existing model was effective in improving outcomes.

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