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Is Your “Front Door” Ready for Heart Patients?

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Providing the best quality cardiac patient care is an area of great interest, research and debate. While drug eluting stents, use of ACE inhibitors and primary angioplasty without open heart surgery back up are being evaluated there is little debate that the Emergency Department plays a huge role as the primary entry point for many acutely ill cardiac patients. Even though acute care centers offering interventional cardiology (angioplasty and stenting) and open heart surgery may have clinical pathways and protocols in place to facilitate rapid patient assessment and determination of treatment strategies, it is important to review these processes as a part of cardiac service/program planning.

To provide and maintain quality cardiac services ongoing multi-disciplinary team meetings are recommended. The team purpose is to review cardiac care standards in the facility, determine methods to provide rapid assessment, diagnosis and treatment protocols, and to review patient care outcomes. The Emergency Department's (ED) vital role in cardiac care and assessment is often overlooked or included only in initial cardiac program planning phases. The ED is the “front door” for many cardiac patients and the caregiver in that area, both physician and nursing, can benefit from being included in cardiac care multi-disciplinary team meetings.

The multi-disciplinary cardiac care team goals:

- Review/update current standards of care and orders in use for the cardiac patient
- Review the latest literature, research and recommendations of recognized cardiac programs and organizations
- Determine methods to facilitate rapid assessment, diagnosis and treatment for the cardiac patient in the ED
- Evaluate new treatment and diagnostic strategies that can be employed in the ED, cost/benefit and ROI modeling
- Develop standing orders and protocols for the care of cardiac patients other than infarct and unstable angina (as those protocols and orders are usually in place)

- Determine areas of patient care and assessment that may require additional staff education or clinical competency development
- Review patient care outcomes related to time and care issues in the ED

Most ED's do have a routine for the care of the acute myocardial infarction patient or the patient with unstable angina, but the care of the patient who presents with resolved chest pain, syncope, congestive heart failure and arrhythmias may vary widely. Physician and nursing representation on a committee charged with planning and implementing care strategies for the cardiac patients can set the stage for the development of protocols, care pathways and standing order sets for non-infarct patients. This will allow for a consistent standard of care for these patients regardless of the time of day, day of week and which ED physician is assessing the patient.

The multi-disciplinary team meetings may also provide the forum for selecting new diagnostic and treatment modalities that could be considered for the ED including prehospital 12-Lead EKGs, portable echocardiography, point of care BNP (beta natriuretic peptide) testing for congestive heart failure and ventricular dysfunction as well as use of point of care testing for cardiac markers in the ED.

Emergency Department based stress testing and use of new CT and MRI modalities are available in "state of the art" centers. Newer therapies include identification of and medical protocols for non-ST-elevation acute coronary syndromes and early initiation of IIb/IIIa glycoprotein inhibitors when indicated for unstable angina or acute infarctions. While some of these strategies may have significant cost and are not always easily implemented, discussion and planning should be a focus of the team.

Participation in the cardiac care team meetings will also provide the ED nursing personnel the opportunity to identify areas of staff education need for cardiac care, assessment and additional clinical competencies. As ED nursing staff members often provide patient education and instructions regarding emergency procedures such as cardiac catheterization or percutaneous coronary interventions, it would be beneficial for some staff members to observe a cath procedure. This will permit firsthand observation of what will happen to the patient during the procedure and also facilitates peer to peer networking. Staff members from all care areas having an understanding of the other department's roles and responsibilities will facilitate good working relationships and result in smooth patient flow.

The ED provides initial patient assessment, evaluation and is responsible for the rapid implementation of treatment, medications and processes to move the patient quickly through the system. In order to validate that this is occurring in a timely fashion, the ED needs to be actively involved in quality assessment activities related to the cardiac patient. Time from patient entry to assessment, definitive diagnosis and treatment and/or transfer should be tracked for the cardiac patients and a topic of discussion at the team meetings.

While Emergency Departments care for a wide spectrum of patient conditions, there are only a few other diagnosis that warrant the attention, rapid assessment and intervention the cardiac patient requires. Involving the ED personnel in ongoing cardiac services planning provides for:

- opportunity to explore newer diagnostic and treatment modalities for the cardiac patient that are appropriate for the ED setting
- ongoing dialogue between the cardiologists and the emergency medicine physicians
- nursing peer networking between staff in the cardiac areas and the ED
- systematic tracking of the care of the cardiac patient and the patient outcomes

Most importantly, involving the ED in cardiac care planning recognizes the importance of coordination of care across the continuum. In today's competitive cardiac market, this is essential as hospitals need to have a well thought out plan to provide efficient and effective cardiac care in order to meet and exceed patient, medical staff and payor expectations.

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