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The importance of multidisciplinary approach

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The main objective of the study is to define multidisciplinary approach to HF, examine the literature role and recommendations of multidisciplinary in HF and to identify barriers to optimal models of multidisciplinary approach to HF. In most countries worldwide, the number of patients with chronic heart failure (HF) is growing, with 1–3% of the adult population suffering from this syndrome, rising to about 10% in the very elderly. In the near future a large part of the worldwide population will suffer from heart failure and society will be faced with the consequences. On average one in five patients is readmitted within 12 months, making heart failure one of the most common causes of hospitalization in people over 65 years of age. A multidisciplinary team approach involving several professionals with their own expertise is important in attaining an optimal effect. Physicians, nurses, and other health care professionals are key to ensuring the delivery of evidence based care. Markers of clinical (in) stability, psychosocial risk factors, and issues related to patient mobility might be important indicators to determine which inter-professional service might be most effective for which patient. Current HF guidelines recommend that HF patients are enrolled in a multidisciplinary-care management program to reduce the risk of HF hospitalization. A multidisciplinary approach to HF may reduce costs, decrease length of stay, curtail readmissions, improve compliance, and reduce mortality. An important limitation, however, is the substantial heterogeneity in both the terms of the models of care and the interventions offered, including: clinic or community-based systems of care, remote management, and enhanced patient self-care. Conventional trials that randomize individual patients may not be the best way to test the effect of a service; novel approaches, such as the cluster randomized controlled trial, may be superior. It is unlikely that any one approach is optimal. The best form of care might seek to compensate for the weaknesses of each approach by exploiting their strengths. A strong HF cardiology lead, supported by primary care physicians, nurse specialists, and pharmacists in the hospital and community with the ability to offer patients remote support might offer the best service. Key to the success of multidisciplinary HF programs may be the coordination of care along the spectrum of severity of HF and throughout the chain-of-care delivered by the various services within the healthcare system. Further research is warranted to identify the most efficacious multidisciplinary approaches to HF.

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