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## A first 6-month report on VAD coordination in CHC Zagreb, Croatia- results, problems, goals

**Crnković Dubravka** and **Habeković Renata** CHC Zagreb, Croatia

rentricular Assist Device (VAD) coordination in CHC Zagreb, Cardiac Surgery Dept., Croatia started with its work in April 2017. Our major responsibility is to provide clinical consultation and VAD specific education to patients, families, multidisciplinary team members, hospital staff, and community based providers as needed (EMS, Family medicine Physicians), coordinate and manage outpatient care of the VAD patient, facilitate the access and utilization of community resources and organizations to assist in patient's recovery and serve as the liaison and communication link between VAD patients and their families with community. Most important responsibility is in deciding optimal care decisions for this complex patient population, coordinating discharge plans for patients post VAD implant, deciding about driveline fixation and care and follow up after implant in patient's home. Problems that we have is in lack of staff working in VAD coordination, lack of the national database for Mechanical Circulatory Support, these patients are still invisible for most health professionals, government agencies, have problems with receiveing VAD dressing supplies to appropriately care for their VAD. Our goals are to expand our education and outreach from initial contact, through the work-up for implant, and during the pre-operative, peri-operative and post-operative period. The VAD Coordinator will follow-up in the outpatient/ambulatory care setting, ensuring continuity of care across the VAD/Transplant continuum. Also development of outreach programs regarding VAD is very important for health care providers, patient groups, community organizations, goverment agencies, and also general public. It is very necessary to make VAD recipients visible to general public, because congestive heart failure becomes more and more present and an increasingly important public health problem.

vonbibra@gmx.de