

Nurse-led Quality of Care Indicators^{1,2,3}



Every nurse involved in the delivery of care to heart valve patients is an integral member of the TAVI team and plays an important role in all aspects of patients' journey of care, from referral to follow-up.

The following list of quality-of-care indicators supports nurses and teams to lead or participate in changes to integrate contemporary best practices in TAVI programs. The goal of examples of action items associated with each indicator is to improve patients' experiences and outcomes, and increase access to care and program efficiencies.

Pre-Procedure Phase

Standardized process for patient referral and completion of assessment pathway

Examples of action items:

- Availability of referral form for physicians to easily refer patients to the TAVI program;
- Process to confirm receipt of referral with patient and begin patient pathway/education;
- Coordination of diagnostic tests and consultations required to support treatment decision;
- Organisation of clinical documents to support treatment decision and procedure.

Tailored education of patients, family and staff

Examples of action items:

For patients and families:

- Consistent messaging heard at all timepoints and with every clinician to manage expectations and prepare for admission/safe discharge home;
- Tailored education resources focused on heart valve disease, treatment, and expectations for hospital stay;
- Use of patient decision aid to support shared decision-making and outline risks/benefits.

For staff:

- Regular education to update clinical team (e.g., cath lab nurses, post-procedure nurses) to strengthen expertise in TAVI nursing;
- Consistent messaging to promote adoption of streamlined clinical pathway;
- Raised awareness of research/clinical trials.



Nursing contribution to assessment, documentation and communication

Examples of action items:

- Nurse-led assessment of frailty and function to support treatment decision and care requirements;
- Documentation of discharge planning to facilitate safe early discharge home as appropriate and/or use of local criteria to identify patients who may require longer length of stay;
- Communication with patient and family to support admission, discharge and recovery;
- Case management of complex cases (e.g., high frailty, complex family issues, complex travel requirements, challenging discharge).

Nursing contribution to the development of efficient pre-procedure processes

Examples of action items:

- Development of pre-procedure checklist;
- Audit and reporting of wait times (e.g., from referral to decision, and from decision to procedure);
- Process for referral of urgent in-patient and/or inter-hospital transfers;
- Confirmation and communication of procedure plan with clinical stakeholders (e.g., e-mail alert of upcoming procedures);
- Audit of patient satisfaction.

Peri-Procedure Phase

Effective procedural room communication and planning

Examples of action items:

- Development of peri-procedure checklists:
 - Patient preparation;
 - Safety (e.g., time-out protocol);
 - Equipment (devices, specialised supplies, availability of emergency equipment);
- Communication of nursing roles and responsibilities;
- Education and training of cath lab nursing team to develop expertise in structural heart interventions and contemporary best practices.

Optimisation of procedure to support patient safety and comfort

Examples of action items:

- Promotion of patient comfort using nursing assessment and interventions, coaching, communication and advocacy for patient comfort;
- Patient monitoring protocols to promote safety;
- Participation in emergency intervention planning (e.g., simulation of emergency training).

Participation in review of cath lab processes and practices to maximise efficiency and performance

Examples of action items:

- Audit of procedure and turn-over times;
- Review of staffing models to promote streamlined team;
- Implementation of revised practices to improve professional satisfaction and efficiencies.

Post-Procedure Phase

Implementation of standardised nursing care protocol that reflects contemporary evidence and facilitates safe and early discharge home

Examples of action items:

- Implementation of clinical pathway that outlines monitoring and accelerated reconditioning requirements;
- Implementation of early mobilisation protocol;
- Nursing education to share contemporary evidence and review potential complications; Implementation of early discharge criteria;
- Quality improvement initiative with cardiac nurses to monitor length of stay and identify opportunities to address barriers to predictable/standardised discharge.

Availability of patient and family discharge education

Examples of action items:

- Guidance for management of potential complications;
- Progressive activity checklist;
- Follow-up plan.

Program Leadership

Participation in collaborative and effective teamwork

Examples of action items:

- Participation in multidisciplinary rounds;
- Collaboration with medical and administrative leaders;
- Participation in quality-of-care reviews;
- Advocacy for quality improvement initiatives;
- Engagement of nursing colleagues to raise awareness of contemporary evidence, and patient and program needs.

References:

1. McCalmont G, Arshad M, Bawamia B et al. Impact of a nurse-led same day admission pathway on hospital length of stay for transcatheter aortic valve implantation. *Br J Card Nurs.* 2020; 15.
2. Wood DA, Lauck SB, Cairns JA et al. The Vancouver 3M (Multidisciplinary, Multimodality, But Minimalist) clinical pathway facilitates safe next-day discharge home at low-, medium-, and high-volume transfemoral transcatheter aortic valve replacement centers: The 3M TAVR Study. *JACC Cardiovasc Interv.* 2019; 12: 459–69.
3. Lauck SB, McCalmont G, Smith A et al. Setting a Benchmark for Quality of Care: Update on Best Practices in Transcatheter Aortic Valve Replacement Programs. *Crit Care Nurs Clin North Am.* 2022 Jun;34(2):215-231.

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