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Assessing performance and reliability in cardiovascular care

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Datients hospitalized for cardiovascular problems are vulnerable to experiencing medication errors, as they are commonly prescribed high-risk medications such as anticoagulants and antiplatelet agents. The cardiac surgical operating room (OR) is a complex environment in which highly trained subspecialists interact with each other using sophisticated equipment to care for patients with severe cardiac disease and significant comorbidities. Thousands of patient lives have been saved or significantly improved with the advent of modern cardiac surgery. Nonetheless, the highly skilled and dedicated personnel in cardiac ORs are human and will make errors. Refined techniques, advanced technologies, and enhanced coordination of care have led to significant improvements in cardiac surgery outcomes. However, more than 10 years after the Institute of Medicine report, there is little evidence that much progress has been achieved in reducing or preventing errors.

The tools to measure potential risks and interventions to improve patient safety are highly validated and yet have been

implemented in a very uneven and scatter manner. We must extend the conversation of perioperative cardiac outcomes and expand our assessment beyond patient factors and the technical skills of the cardiologist /surgeon /anesthesia/ nurse; to extend assessment of skills beyond bench models to the operating theater and its equipment; to provide a basis for assessing interventions; and to provide a deeper understanding of surgical outcomes. We must consider the human/environmental factors that have been found to be of important in achieving safe, high-quality performance in other high-risk environments. Issues that impact human performance and increase the risk of error include factors that directly enable decision making, such as perception, attention, memory, reasoning, judgement and factors that directly enable decision execution, such as communication and the ability to carry out the intended action. We must address the implementation gap between what is known to work and what is actually implmented.

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