For most cases, before I arrive in the cath lab to perform a diagnostic angiogram or an intervention, a team of nurses and technicians has performed a set of crucial jobs. They have, for example, reviewed the chart for information about allergies and prepared the required equipment. They have talked with the patient and their family, reviewing the procedure and explaining why additional medication will be essential if a stent is implanted. If the patient is a candidate for a clinical trial, the research nurse has explained the consent forms and reviewed essential components of the trial protocols. The cath lab nurse has reviewed the administered medications, while the monitoring technician has begun recording in meticulous detail every aspect of the case, from vital signs and drugs on board to the patient’s state of mind. Ours is a teaching hospital and the fellows usually arrive before the attending interventional cardiologist and, if they are smart, they have invested that time to learn from the nurses and technicians.

That is all before I arrive.

If you are an interventional cardiologist, you already know all of this. You know that tasks performed by highly skilled nurses and technicians before, during and after a cath lab procedure are crucial to success. You know that really good nurses, techs, and administrators are invaluable, not just for making your days go easier and more efficiently but for protecting patients’ safety and ensuring we achieve optimal clinical outcomes. You have probably heard from your hospital administration that the factors most likely to impact how patients rate their hospital experiences are not solely about how we performed their procedures and are very often about whether their nurses and technicians made them feel comfortable and cared for.

I have been fortunate to work with some terrifically dedicated and talented cath lab teams over my 30 years as an interventionalist. I must admit that I do not know everything that our practice’s nurses, technicians, or cardiovascular administrators do every day to make my cases go smoothly. What I do know is that these vitally important members of our teams need a professional home just as much as interventional cardiologists do. And, currently, they do not have a society that is providing the full package of education, advocacy, and...
quality tools that they need in the same way that SCAI does for its members. Nor do they have a platform that allows their voices to be heard or their ideas and suggestions to be disseminated.

This is a problem that SCAI can help remedy—not just for the benefit of the nurses, technicians and administrators, but also for interventional cardiologists and the patients we all serve. I am pleased to share with you that SCAI’s Board of Trustees has voted unanimously to explore opening the Society’s door to the whole cath lab. Although the details are still under consideration and we do not have specifics at this time, I want to take this opportunity to share where we are going and why I think it is so important to the future of our profession and for the care of our patients.

The facts are that the healthcare environment has changed, and will continue to do so, and that the changes will play to the strengths of teams over individuals. The patients we treat often have very complex conditions that can (fortunately) often be treated with an increasingly diverse and complicated array of tools. Meanwhile, we all are under pressure to contain our resource utilization but to do so without shortcuts that could negatively impact patient care. Increasingly, we are being measured, evaluated, and publicly reported on based on our outcomes, which are impacted by far more than our skills as interventional cardiologists. Our results are affected by the efforts of every member of the cath lab team, and in large part by how well we work together. All of these and the many other realities of practicing interventional cardiovascular medicine today underscore why there is tremendous value in bringing together the whole cath lab team within SCAI.

As interventional cardiologists we are accustomed to being the quarterbacks of our team and, of course, we are. When things go wrong, it is ultimately our responsibility. However, we should acknowledge that there is much that we can learn from our cath lab staff. Nowhere is this more apparent than in our pursuit of quality. As the founding sponsor of Accreditation for Cardiovascular Excellence, SCAI has championed an international effort to set uniform standards for peer review and to help cath lab programs identify their strengths and weaknesses—certainly an undertaking that engages the whole cath lab team. Recently we announced SCAI’s Cath Lab Leadership Boot Camp, which will debut May 28 and 29 at the SCAI 2014 Scientific Sessions in Las Vegas. Cath lab directors, managers, and anyone who aspires to be a leader in the cath lab will benefit from this first-of-its-kind program focused on quality, communication, and teamwork.

SCAI’s quality program is the foundation for a robust menu of opportunities for cath lab nurses and technicians, research coordinators, and administrators to take an active part in all aspects of SCAI’s mission. I foresee expansion of our education and advocacy programs as well, all of which have been and will continue to be focused exclusively on furthering our mission of optimizing patient care.

I started this President’s Page contemplating the many important tasks that occur before the interventional cardiologist enters the lab. The contributions of the nurses and technicians continue throughout the procedure and well after we leave the room. When a nurse transfers a patient from the cath lab table and into the hands of the team in the recovery room, if things have gone right, it is truly the success of the whole team on behalf of the patient.

Please share your thoughts with me by e-mailing: president@SCAI.org.

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