

Cardiovascular Nursing Care in Malta

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Nursing, with its professional delivery of care to the general population, is a major asset for the national healthcare system. Evidence based nursing practice needs excellent support from the vocational, functional and managerial aspects. Cardiology is a major nursing practice area due to the size of population affected. Local cardiovascular nursing is evolving continuously and thus needs good support to provide better care.

Cardiology is a priority in the public health agenda as it covers a large population, causing one of the greatest morbidity and mortality rates.¹ Nursing practice requires constant amelioration in care delivery to meet the latest research-based guidelines. On the other hand the patients' rights should be respected when delivering care. The patient should be treated in a holistic way.²

Cardiovascular nursing developed as a response to the requirements of the local healthcare system. Sporadic visits by foreign-based cardiologists and their teams brought over newer ideologies and practices, together with the need for different and better equipment, medications and nursing management. In 1995, resident cardiologists started the first local fully-fledged cardiology clinics thus providing better overall patient support.

Nursing continued to evolve into supporting and managing patient care. Ever since, various cardiology units were developed for a comprehensive care. The different clinics include the Coronary Care Unit, Cardiothoracic Surgery Unit, Cardiac Catheterisation Laboratory (Cath Lab), Cardiac Intensive Care Unit, Cardiac Laboratory, Cardiac Surgery Operating rooms, Pacemaker Clinic, Cardiology out-patients clinics and the various areas supporting the system.

The Cath Lab is one such clinic, utilising state of the art equipment and advanced practice. A multifunctional and multidisciplinary team covers both diagnostic and interventional cardiology procedures. In supporting patients' needs with an ever-changing research based delivery of care methodologies and equipment, the nursing practice has shown to be an important part of this field of specialisation.³

The Cath Lab was primarily considered solely as an operating theatre. Later, the care methodologies and the nursing practice changed to cover pre-procedure patient preparation, procedural sterile equipment preparation, scrub assistance and circulating nurse support during procedures, post procedure nursing care, nurse review of post procedure outpatients and home telephone support. All these services are targeted towards patients and their families as a comprehensive delivery of care.

Diagnostic and interventional cardiology procedures carry a reduced hospitalisation

stay and patient discomfort as most of them are carried out on a day stay basis with the vascular access done via a small puncture. The most common procedure is the Coronary Angiography, a procedure done to examine the arterial circulation supplying blood to the heart muscle. A narrowing to any of these important arteries may give rise to angina, heart attack or even sudden cardiac death. Another procedure, the Coronary Angioplasty, is carried out to stretch open a narrowing in a heart artery. During this procedure a stent, a very thin metal tubular structure, is used to help keep the artery open from the inside thus maintaining an adequate blood supply. These are the commonest procedures carried out at the Cath Lab. During the year 2004, the Cath Lab statistics show that 1952 Coronary Angiographies and 541 Coronary Angioplasties were carried out. Any indications of heart problems that require a cardiac angiography test need a fairly early appointment to reduce the possibility of major adverse events.

Professional nursing care and client support should be delivered on a continuous basis. Specific professional education and clinical training is only obtainable if there is an ongoing personal commitment and organisational support. One such important aspect of care is the *nurse to patient ratio*. The Agency for Health Research and Quality published research data stating that low hospital nurse levels result in reduced nurse to patient discussion time and that centres with low levels of qualified nurses have a reduced patient prognosis. Therefore adequate knowledgeable manpower availability is the basis for safer and proper care delivery.⁴

Patients who undergo cardiovascular interventions tend to experience a lot of anxiety. The main methods used at the Cath Lab to help patients during their stay include the adoption of a friendly reception and approach, a quiet environment, nurse professionalism, knowledgeable personnel and the use of music. Studies carried out by Bitten Thorgaard (2003) show that music could be used to reduce anxiety levels.⁵ Music was found most effective when used at low sound levels as a background support and in personal player format. The latter format targets individual likes.

Together with the personnel, Cath Lab

nurses offer an important emergency service as well. This 24 hour service offers emergency angioplasty and cardiac pacing procedures that are carried out in people with acute heart attacks and / or with problems arising from the timing mechanism controlling the heart beats. Personnel commit themselves completely to their profession and sacrifice their social lives to participate in such procedures. Adequate support from management is thus imperative to sustain the effectiveness of this service.

Malta, being a small island, could offer a wider and better type of care utilising the nursing profession. Nurse-led cardiology clinics have yielded excellent results in different countries by disseminating health information, giving specific home care and support and reporting changes of clinical importance to cardiologists for a faster response.⁶ An increase in the involvement of nurses may help the local population which has cardiovascular disease to lead a better life. This wider service provision would result in an enhanced professional status of the local nurses and an improvement in the Maltese healthcare system. □

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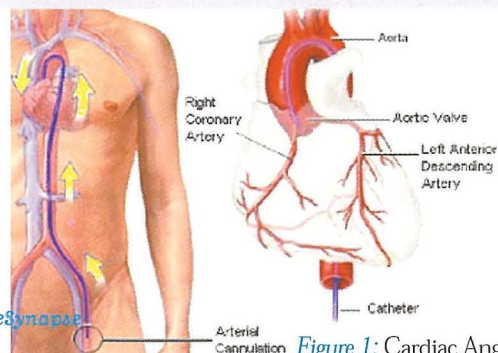


Figure 1: Cardiac Angiography Catheter Insertion

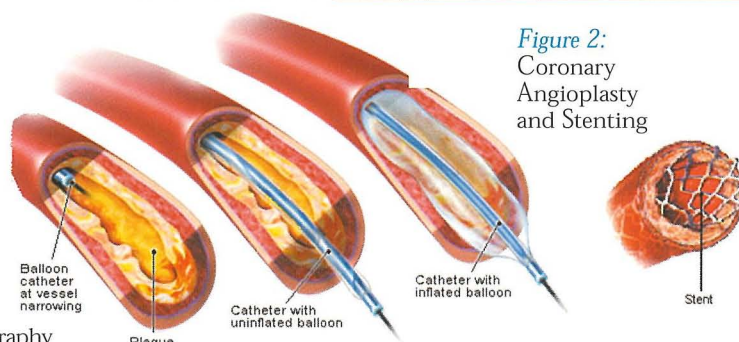


Figure 2: Coronary Angioplasty and Stenting