

Regionalization of a Pediatric Cardiac Department: the experience of Mediterranean Pediatric Cardiology Centre - Nursing Leadership

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INTRODUCTION: Regionalization is a regulatory approach to rationalization of resource allocation, especially for highly specialized medical services or technologies. For high-risk surgical procedures such as cardiac surgery, regionalization may improve outcomes by consolidating surgical programs and increasing the case volume of surgical centers.

Congenital heart surgery is one such highly specialized field. Several studies have shown improved perioperative outcomes for complex congenital heart surgery at centers with greater surgical volumes and that this relation is stronger as the complexity of the surgical procedure increases.

METHODS: Sicilian Regionalization of a Pediatric Cardiac Department was carried out through a partnership between Regional Health Government and Pediatric Hospital "Bambino Gesù", Joint Commission International. The clinical course of such agreement started in November 2010 at San Vincenzo Hospital of Taormina. The Mediterranean Pediatric Cardiology Center is the only cardiology tertiary care centre in Sicily and it serves a population of 6 millions inhabitants with about 60000 newborns per year. Our hub center CCPM is connected to the first and second level centre (spokes) located in Palermo, Catania and Messina.

The highly complex pediatric patients with congenital heart disease require interprofessional teamwork and collaboration to ensure high-quality outcomes with low mortality and morbidity (Congenit Heart Dis. 2013;8:3–19)

Specifically, how nursing and organizational characteristics provide a protective effect on pediatric mortality for congenital heart surgery patients?

Chief nurse works in a peculiar scenario: low level of nurses' of experience in Congenital Heart Surgery, along with elevated turn over of nurse staff operating in the department, also coexistent of private and public in the same structure.

RESULTS: Processes of care included: training, clinical practice guidelines standardized communication, procedural checklists, unit-based medication safety.

The nursing leadership models included a combination of directors, nurse managers, and clinical coordinators.

CONCLUSION: However the most significant requirement for creation of a cohesive team is in creating a collective sense of responsibility towards the patient.