TAVR

Developing the Nurse Coordinator Role
Disclosure Statement of Financial Interest

I, Janine Carlson, DO NOT have any financial disclosures.
Primary Goal of the Role:

To facilitate seamless care from referral through follow up
TAVR Nurse Coordinator

Challenges in Development of the Role:

- Collaboration
- Coordination
- Continuity
Coordination of Patient Flow

- Referral
- Patient Contact
- Diagnostic Workup
- Clinic visit
- Additional Diagnostic Tests
- Scheduling
- Peri-Procedure
- Post-Procedure
Referral

• Be Accessible
• Manage Expectations
  • Gather prior patient medical records
  • Appropriateness of referral
• Timelines
• Confirm a plan
• Follow Up

AVA < 1.0 cm²
Mean gradient > 40 mm Hg
Or
Jet velocity > 4 m/sec
"Yes! That was very loud Sir, but I said I wanted to hear your HEART!"
Patient Contact

- Establish contact and build rapport
- Explain to the patient that they may be a TAVR candidate but further workup is required
- Answer questions and dispel myths
- Review timeline: manage unrealistic expectation
- Respect patient and family preferences
- Provide written information
Diagnostic Workup

• Determine which screening tests need to be completed
• Help coordinate insurance authorizations
• Scheduling
• Assist patient with navigating the institution’s departments
Pre-clinic Diagnostic Testing

- Transthoracic echocardiogram
- CT structural heart and CTA of abdomen and pelvis
- Minimum of spirometry with ABG’s, full PFT’s if underlying pulmonary disease
- Lab work if none current
Annotated Iliac CTA
Clinic Visit

Facilitate a team approach...

• Perform frailty assessments
Frailty Assessments

5M WALK TEST
Exclusions (circle all that apply):
- Clinically unstable
- Severe neuropsychiatric impairment
Non-ambulatory. If checked, specify reason:
_____________________________________________
Utilized walking aid? Yes / No
FiveMWalk 1: __________ s/5m
FiveMWalk 2: __________ s/5m
FiveMWalk 3: __________ s/5m
FiveMWalk AVG: __________ s/5m

Gait speed (circle one)
- Normal (avg ≤ 6 s/5m)
- Slow (avg > 6 s/5m)

Activities of Daily Living /6 as per Katz Index (YES = 1, No = 0)

Independent:
Bathing: □Yes □No
Dressing: □Yes □No
Toileting: □Yes □No
Transferring: □Yes □No
Continence: □Yes □No
Feeding: □Yes □No
Total Score: ________/6 as per Katz Index

NOTES:_____________________________________________
_____________________________________________
Clinic Visit

Facilitate a team approach...

• Perform frailty assessments
• Review diagnostic studies
Clinic Workstation
Clinic Visit

Facilitate a team approach...

- Perform frailty assessments
- Review diagnostic studies
- Determine operability vs. inoperability
- Make clinical decisions and treatment plans
- Patient and family education
- Send the patient home with a clear plan
- Follow up with the referring provider
Additional Diagnostic Tests

As determined to be necessary in clinic visit...

• Schedule cardiac cath with possible PCI or BAV
• Schedule TEE
The Edwards SAPIEN transcatheter heart valve accommodates an annular size range of 18 mm to 25 mm
Scheduling

• Upload all screening imaging to ValvePoint for manufacturer review
• Notify out-patient cath coordinator, all physicians, admin assistants and supervisors
• Notify valve company for clinical support during the case
Peri-Procedure

• Discuss what to expect
• Review advanced directives and code status
  • Bright pink - REFUSES conversion
  • Bright green - AGREES to conversion
  • Bright yellow - AGREES to emergency vascular repair
• Collect data for TVT Registry
• Keep family up to date
• Post-op daily rounding
Post Procedure

Set realistic expectations about recovery

• Symptoms
• Quality of Life
• Functional status
• Meds
• Resume care with primary cardiologist
• Weekly phone follow up until stable
• One month valve clinic follow up

Follow up with referring physician
Unity is strength...when there is teamwork and collaboration, wonderful things can be achieved.

-Mattie Stepanek

Thank you