

Implementation of Same Day Discharge After an Ablation Procedure for Supraventricular Arrhythmia Reduces Hospital Stay

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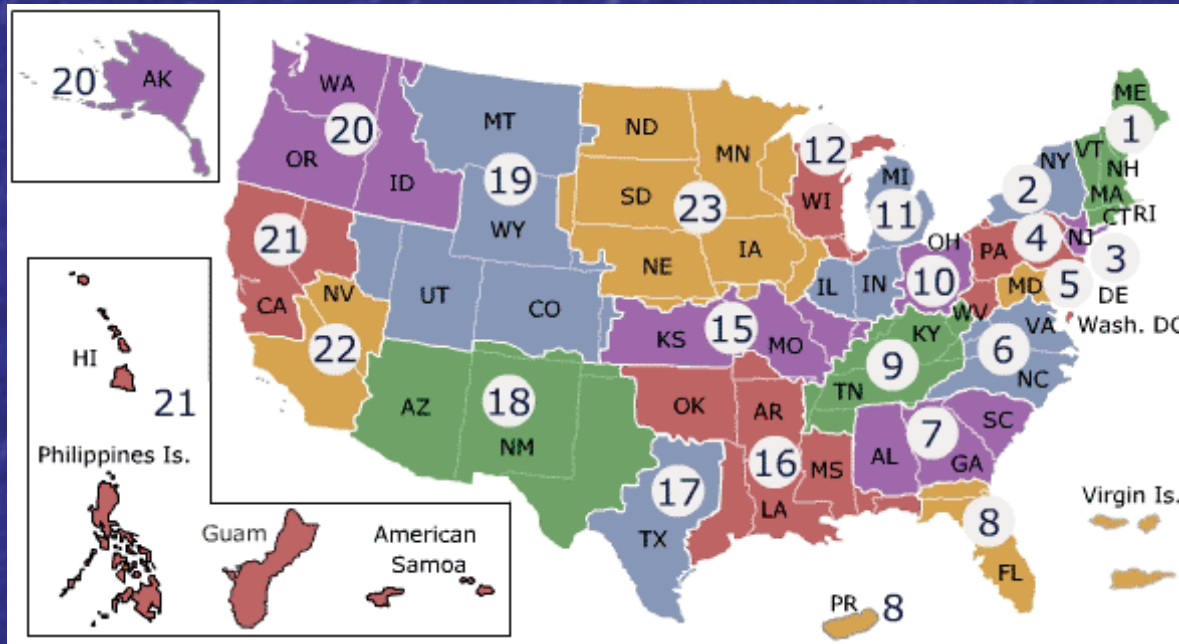
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Introduction



- Atrial flutter and PSVT are arrhythmias that can be extremely bothersome for some patients
- These rhythms are very amenable to catheter ablation
- Success rate is >90% in most cases

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Standard of Care for Ablation Patients at VA Prior to June 2013

- Patient seen in clinic prior to the date of procedure to discuss the indication for the ablation procedure, associated risks and benefit.
- Patient came to Portland Outpatient Procedure and Surgeries (POPS) unit the morning of the procedure. EKG, history and physical, informed consent were obtained.
- Post procedure, they were admitted to the hospital for overnight monitoring

Purpose of the Project

- To determine the feasibility of same day discharge after atrial flutter or PSVT ablation

Planning Stage

- Committee made up of 2 NPs, nurse manager of POPS and manager of cath lab
 - Literature review
 - Research standard of care in the community
 - Determine the policy and procedure as well as eligibility criteria for same day discharge

Literature Review

- 1990s – mostly single center study
 - Kalbfleisch et al (1993): Accessory pathway
 - Man et al (1993): AVNRT
 - Sobera et al (1999): Transseptal RF ablation of AVRT
 - European studies
 - Kunze et al (1998): all ablations
- Recent studies: both from European centers
 - Marijon et al (2009): only multicenter study
 - Wolber et al (2010)

Literature Review Eligibility Criteria

- Ablations:
 - Included Atrial flutter, AVNRT, AVRT (accessory pathway), focal atrial tachycardia, transseptal approach for left-sided procedure
 - Excluded VT, AF, arrhythmia in the setting of congenital disease (Wolber), anteroseptal accessory pathway (Kalbfleisch)
- Age exclusion:
 - < 18 or > 70 (Kalbfleisch), elderly (Wolber)
- Medical exclusion:
 - patients with comorbidities (Wolber), CVA, venous thromboembolic disease, prosthetic mechanical valves, geographic (> 120 miles), familiar isolation, NYHA class IV heart failure, comorbid conditions that warrant further hospitalization (Marijon), obesity > 30% IBW (Kalbfleisch)
- Logistical exclusion: complete observation by 7PM (Man)

Community Standard of Care

- Centers surveyed
 - OHSU
 - Providence Medical Center
 - Kaiser Sunnyside
- All 3 centers have been discharging patients on the same day after an ablation procedure

Criteria for Same Day Discharge

- Uncomplicated ablations
 - Right-sided ablation: typical AFL, AVNRT
- Medically stable on the day of the procedure
- Patient must be accompanied by an adult driver
- If patient lives > 60 miles from medical center, he/she must lodge locally overnight
- Procedure must be completed before 2PM
- Exclusion criteria:
 - Left-sided ablation, AF ablation, VT ablation
 - Hx of CVA or venous thromboembolic disease, unstable heart failure and patients with other co-morbid conditions e.g. prosthetic mechanical valve

Procedures

- Patient monitored for 5 hours at POPS unit post procedure: bedrest for 4 hours and ambulated for an hour prior to discharge.
- Patient seen by NP prior to discharge to ensure that they are stable and no hematoma/bleeding at the venous access sites
- Patient discharged home or to local lodging if accompanied by an adult driver
- Patient discharged to in-house lodging if traveling alone
- Follow-up phone call by NP the following morning to check on patient progress and to ensure no complication

Result

Total Number of Ablation (6/20/13-12/12/13): 60

20 Excluded

- Inpatient: 12
- Complicated ablation: 8

AFL and PSVT ablation: 40

19 Excluded

- Medical/family issues: 8
- Lack of availability of lodging bed: 5
- Procedure ended too late for recovery in POPS: 6

Eligible for same day discharge: 21

1 admitted due to procedural issues

Discharged home: 20

Result

- One patient reported minor bruising at the femoral venous access site after discharge
- No other complications were reported

Conclusion

- Same day discharge after ablation is feasible and safe to date
- It reduces the need for hospitalization
- More patients will qualify if we can overcome logistical issues
 - Lodging availability
 - Extending POPS hours: cost analysis in progress to determine feasibility