

Title:

Our Interprofessional Partnership: The Psychiatric Hospitalization of an LVAD (Left Ventricular Assist Device) Patient

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Session Title:

Interprofessional Collaborations in the Clinical Setting

Slot:

E 05: Sunday, 29 October 2017: 4:15 PM-5:00 PM

Scheduled Time:

4:35 PM

Keywords:

Interprofessional , Left Ventricular Assist Device and Psychiatric Nursing

References:

Abraham, W.T., & Smith, S.A. (2013). Devices in the management of advanced, chronic heart failure. *National Review of Cardiology*, 10(2), 98-110.

Caro, M.A., Rosenthal, J.L., Kendall, K., Pozuelo, L., Funk, M.C. (2016). What the Psychiatrist Needs to Know About Ventricular Assist Devices: A Comprehensive Review. *Psychosomatics*, 57(3), 229-237.

Feldman, D., Pamboukian, S.V., & Teutenberg, J.J. (2013). The 2013 International Society for Heart and Lung Transplantation Guidelines for Mechanical Circulatory Support: Executive Summary. *Journal of Heart and Lung Transplantation* 32(2), 157-187.

Tylus-Earl, N. & Chillcott, S. (2009). Management of a Depressed Patient with an Left Ventricular Assist System in an Inpatient Psychiatric Setting. *Journal of Psychosocial Nursing* 47(10), 43-50.

Abstract Summary:

Our interprofessional partnership in caring for an LVAD patient was a historic event in our university hospital. The severity of our patient's mental health issues was such that he could not be safely managed on a cardiac unit. A transfer to inpatient psychiatry ensued, which resulted in successful outcomes.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
#1 The learner will be able to describe the cardiac indications for a Left Ventricular Assist Device (LVAD) and the emotional and physical challenges in managing such a device.	Through the use of a case study, power point and participant discussion, our LVAD patient's physical and emotional needs will be highlighted in the context of an inpatient psychiatric hospitalization. 7 minutes
#2 The learner will be able to describe the interprofessional processes used to promote quality outcomes for an LVAD patient in psychiatry.	Through the use of a case study, powerpoint presentation, and participant discussion, we will review the details of the interprofessional collaboration among nursing, medicine, and social work in inpatient cardiology and

	psychiatry. 8 minutes + 5 minutes for questions/answers.
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Abstract Text:

Left ventricular Assist Devices (LVAD) are designed to improve cardiac output in otherwise failing hearts. The device is surgically designed to enhance weakened native circulation (Feldman, D., et al., 2013). The number of patients with end stage heart failure using mechanical circulatory support has increased dramatically over the past decade. This is due in part to increasing numbers of patients waiting for cardiac transplants, while there has been no increase in the number of available donors (Abraham, et al., 2013). There is a high prevalence of psychopathology in patients with LVAD's. A detailed biopsychosocial formulation is required to adequately identify and resolve the medical, psychiatric and social challenges represented among the LVAD population (Caro, M.A., et al. 2016). For most LVAD patients who are hospitalized on a cardiac unit, input from the Psychiatric Consultation-Liaison Team will suffice (Caro, M.A., et al. 2016). However, for our patient, a transfer from the cardiac unit to inpatient psychiatry was necessary due to the severity of his depression and subsequent vivid suicidal ideation. There is a single journal article which addresses the management of an LVAD patient in inpatient psychiatry (Tylus-Earl, N, 2009). The 2016 transfer of our LVAD patient to psychiatry was/is unique to our university hospital. A series of very successful outcomes were achieved, with global policy implications, through staff education/training and interprofessional collaboration among nursing, medicine, social work in cardiology and psychiatry. There is tremendous value to interprofessional care. From our experience, the collaboration, creativity, and the commitment to the well-being of our patient and his family built solidarity within and among our teams. There was also a perceived increase in confidence to meet future challenges. The Joint Commission reviewed our interprofessional work as an exemplar of innovation and integrated care. Our patient was discharged to home within one month of his transfer to psychiatry. At the 9 month mark, he continues to do well both medically and psychiatrically.