# УЧАСТИЕ ПАЦИЕНТОВ И ИХ СЕМЕЙ В ЛЕЧЕНИИ КАРДИОЛОГИЧЕСКИХ ПРОБЛЕМ В БОЛЬНИЦАХ Г. ЛОНДОНА В КАНАДЕ

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Optimal patient care is of first concern to cardiac specialists everywhere. The cardiac unit at University Hospital in London, Canada, is currently undertaking two enhancements: intensified data keeping by electronic means and consulting on care directly with selected patients who had recently been under care in the hospital.

University Hospital on the campus of Western University is affiliated with Victoria Hospital and together they founded London Health Sciences Centre in 1995. It is one of Canada's largest acute-care teaching and trauma centers. Other affiliations are two family medical centers, a children's hospital and a health research institute. Medical staff in these institutions numbers around 15,000 and they treat over a million patients annually. Because it is also a teaching hospital, London Health Sciences Center last year trained1, 800 medical and health workers. The following observations about University hospital can also apply to the entire London Health Sciences Centre network. The hospital has recently adopted an electronic mode of recording care-related patient data called HUGO -- Healthcare Undergoing Optimization. Upon his or her admission, the patient receives a barcode added to his armband and this barcode matches the one on the patient's prescribed medications and opens a data base record.

With a hand-held scanner a nurse can scan the barcode and confirm medications before dispensing them to the patient. This system has sharply reduced mistakes in the administering of medications. The barcode also reveals the patient's medical record in the computer data base. Medical staff anywhere in the hospital can access the information at any time. Doctors can supplement with new information relating to care. Patient privacy is maintained with a security code. Technology has come to the aid of medical staff serving a large and complex patient population.

In London, Ontario, cardiac care is concentrated in University Hospital on the campus of Western University at the north side of the city and in Victoria Hospital at the south side of London. There are around 30 cardiology specialists, mainly specializing in interventional cardiology. There are fully equipped supporting operating rooms and catheter laboratories for interventional procedures. A helicopter stands by to rush critical cases to the hospital from long distances and there is a landing pad near to the front door of University hospital.

In a recent year there were 21,000 in-patients admitted to the cardiology units. Surgeons performed 1,400 heart surgeries and interventionists 1,300 cardiology interventions. Eight hundred pacemakers were inserted in patients suffering from heart arrhythmia.

Major research at University hospital is conducted at CSTAR. CSTAR (Canadian Surgical Technologies & Advanced Robotics) opened in 2000 and has become a center for research, development, testing and training by using simulations of minimally invasive surgical techniques in robotic technology. CSTAR at University hospital is the only Canadian training center and one of eight international centers for the da Vinci Surgical System to certify surgeons in robotic surgery. Robotic surgery in certain cases – valve repair, for instance -- because it is less invasive has improved recovery times for heart operations.

Technology, however effective in improving healthcare cannot anticipate all the possibilities of human error in the hospital setting. A new patient-centered program seeks to do that. This program draws nothing from computers and everything from human interaction.

The patient is protected under the law. The hospital has adopted the 10 principles of Ontario Privacy legislation which grant the patient a number of rights. The patient can consent or refuse collection, use and disclosure of personal health information; can access personal health information and to make requests to correct it; can request an audit; can find out to whom his or her personal information has been disclosed; and can challenge the hospital's compliance with privacy laws.

More recently, the Patient and Family-Centered Care Program aims to improve communication among medical staff of the hospital and the patient and his or her family. The objectives are to reduce mistakes and improve care. The patient and his family participate in design of his or her program of care. Every medical field, and cardiology is a good example, has an advisory board consisting of former patients, medical specialists and a hospital administrator charged with identifying where health care can be improved with an emphasis on patient and family participation. This board now works to identify those points where interaction with the patient must be improved.

Merely entering the hospital can disturb a patient. He or she arrives and is asked to wait in a consulting room. A person in a white coat might enter the room and begin to ask questions without explaining who he is or what he was doing there. One cardiac patient finding herself in this situation, finally asked, "Who are you?" At this point the careful listener might receive the impression that this medical assistant is not a skilled interviewer and does not inspire confidence. He or she seems to be ill-prepared to gather important information from another person. This encounter might deepen the patient's unease.

After the departure of the assistant, the patient awaits the arrival of the physician who explains the expected procedure, talks about risks and outcomes and offers an idea as to when the procedure or surgery might take place. At last the patient has reached the top of the medical pyramid.

During this explanation, the patient might hear about government allocations of different surgeries in the hospitals of Ontario and the availability of operating rooms. The patient who is listening carefully might conclude that there are factors other than his or her health that will determine when the procedure or surgery will take place. Will possible delays be harmful? The patient might even ask him or herself: who is now deciding my fate and when? At that point, the patient will hear the following words: "We will call you." Who will call and when? Questions remain unanswered and the interview is over.

Such encounters can leave the patient feeling that he or she is not in charge of his or her care program. Is the doctor telling me everything? Are others helping to make the decisions? If so, who are they? This feeling of failure to know can be strengthened if the interviews are conducted in the midst of surrounding bustle when many activities are taking place. Is the person with whom I am speaking interrupted by others? Am I receiving his full attention? Do I have eye contact with the doctor?

A recent heart patient, a woman of indigenous origin (that is, an Indian) from the London area, arrived in her hospital room and announced to her roommate that she would not accept a male nurse. Further, she would not accept "white" blood. No one had discussed these concerns with the patient or her family.

To meet the problem of communicating with patients in a medical setting an organization has sprung up called Patient Care Canada.

Anyone who has found him or herself in a hospital setting as a patient knows full well that medical specialists are usually excellent care-givers. They have learned their profession as the result of many years' training and experience. However, the setting in which they work seems to divert them. Their "people skills" might be lacking. How can they be improved?

Patient Care Canada has some suggestions to medical caregivers.

Find out from the patient the names of all family members who are to be considered "partners" in the care of the patient and who will receive all medical information required for patient care. Ask about the family, including information about its values and beliefs. This information provides the foundation for devising a plan of treatment for the patient.

Secondly, "share unbiased information with patients and families in ways that are clear, complete, timely, accurate and useful in helping patients and families effectively participate in care and decision making." The physician must "tell patients and their families what the diagnosis is and its seriousness as soon as possible. Don't hold back the truth. Be open, upfront and realistic about the treatment, appointments, process, options and side effects."

Then, inform fully patients and families the names of medical staff, what they do and how to call on them for help. The patient must learn the names of the various support persons available to them and how to contact them, not only health care workers, but social workers, dieticians and spiritual advisors.

Additional training is often required so that hospital workers understand how they should treat patients. They must show "caring, compassion and empathy through eye contact, listening, taking time, and giving full attention." They must be "present in the moment" and avoid allowing their mind to drift off to another subject while the patient is trying to explain his or her feelings.

Patients and family members are a critical part of the health care team. They have become experts on the experience of disease, just as health care professionals are experts on diagnosis and treatment of disease. Patients and families have become partners with the health care team and are now recognized by health care staff to play a major role in caring for themselves.