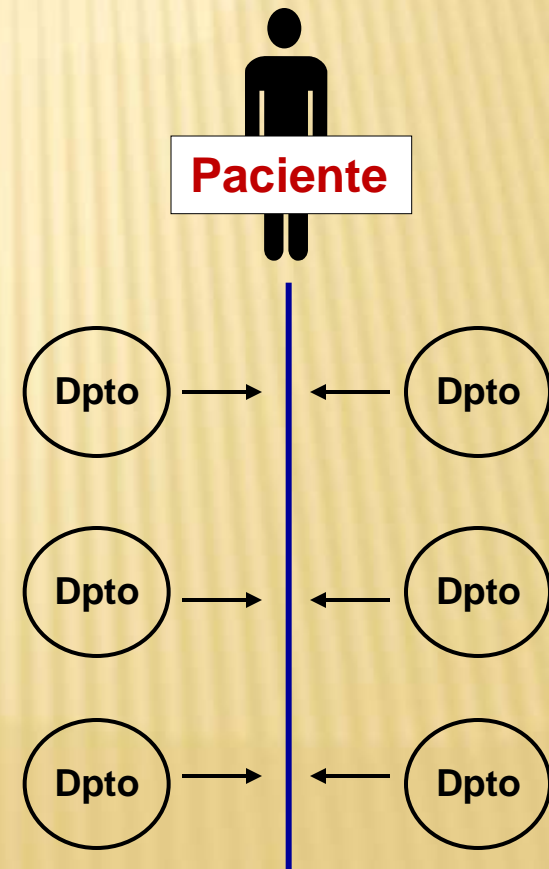
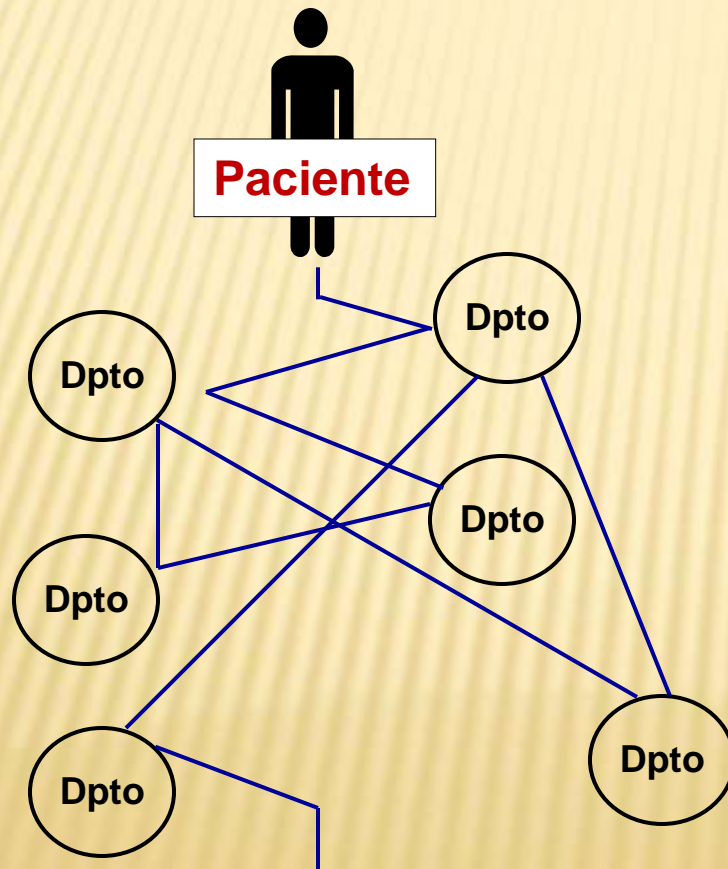


F Portela, F Rueda, V Bautista, C Blanco, I García, S Marcos.

**EXPERIENCIA EN GESTIÓN CLÍNICA EN LA
PATOLOGÍA CARDÍACA INFANTIL Y CONGÉNITA
EN NUESTRA COMUNIDAD**

GESTIÓN CLÍNICA

- ✓ Actividad centrada en el paciente
- ✓ Basada en procesos y no en servicios independientes



UNIDAD DE CARDIOPATÍAS CONGÉNITAS (ADULTO Y NIÑO) Y PATOLOGÍA CARDIOVASCULAR INFANTIL

AREA DEL CORAZÓN

CARDIOLOGÍA

CIRUGÍA CARDÍACA

UCC

UCCA

BCCA

UCIP BCAR UCIN

ANESTESIA
RADIOLOGÍA
GINECOLOGÍA
HOSP. DOMICILIO
C. PEDIÁTRICA
C. EXPERIMENTAL
UCI
LABORATORIO
SALUD MENTAL

PEDIATRÍA

ENFERMERÍA
PERFUSIÓN
TRABAJO
SOCIAL
FISIOTERAPIA
INFORMÁTICA
O.C. TRASPLANTES
BANCO TEJIDOS

RECURSOS

× PLANTAS HOSPITALIZACIÓN

+ Pediátricas

- × Lactantes
- × Hospital de día
- × Escolares

+ Ginecología/Obstetricia

+ Adultos

- × Cardiología
- × Cirugía Cardíaca

× UNIDADES DE INTENSIVOS

+ UCIP

+ UCIN

+ ADULTOS

RECURSOS

✘ CONSULTAS EXTERNAS

- + Cardio infantil
- + Cardio Adultos (UCCA)
- + Cirugía cardíaca

✘ QUIRÓFANOS

- + 2 En adultos independientes (1 día/sem)
- + 1 compartido en niños (2-3 días/sem)

✘ SALA HEMODINÁMICA (1-2 días/sem)

MAPA PROCESOS UNIDAD DE CARDIOPATÍAS CONGÉNITAS (UCC)

PROCESOS DE ESTRATÉGICOS

PLAN DE CALIDAD

LEGISLACIÓN NORMATIVA

PLAN ESTRATÉGICO SERGAS-CHUAC

CONVENIOS INTERTERRITORIALES

COMUNICACIÓN INTERNA/EXTERNA

CONVENIOS CON ONGs

TRANSPORTE-061

PROCESO OPERATIVO

PACIENTE



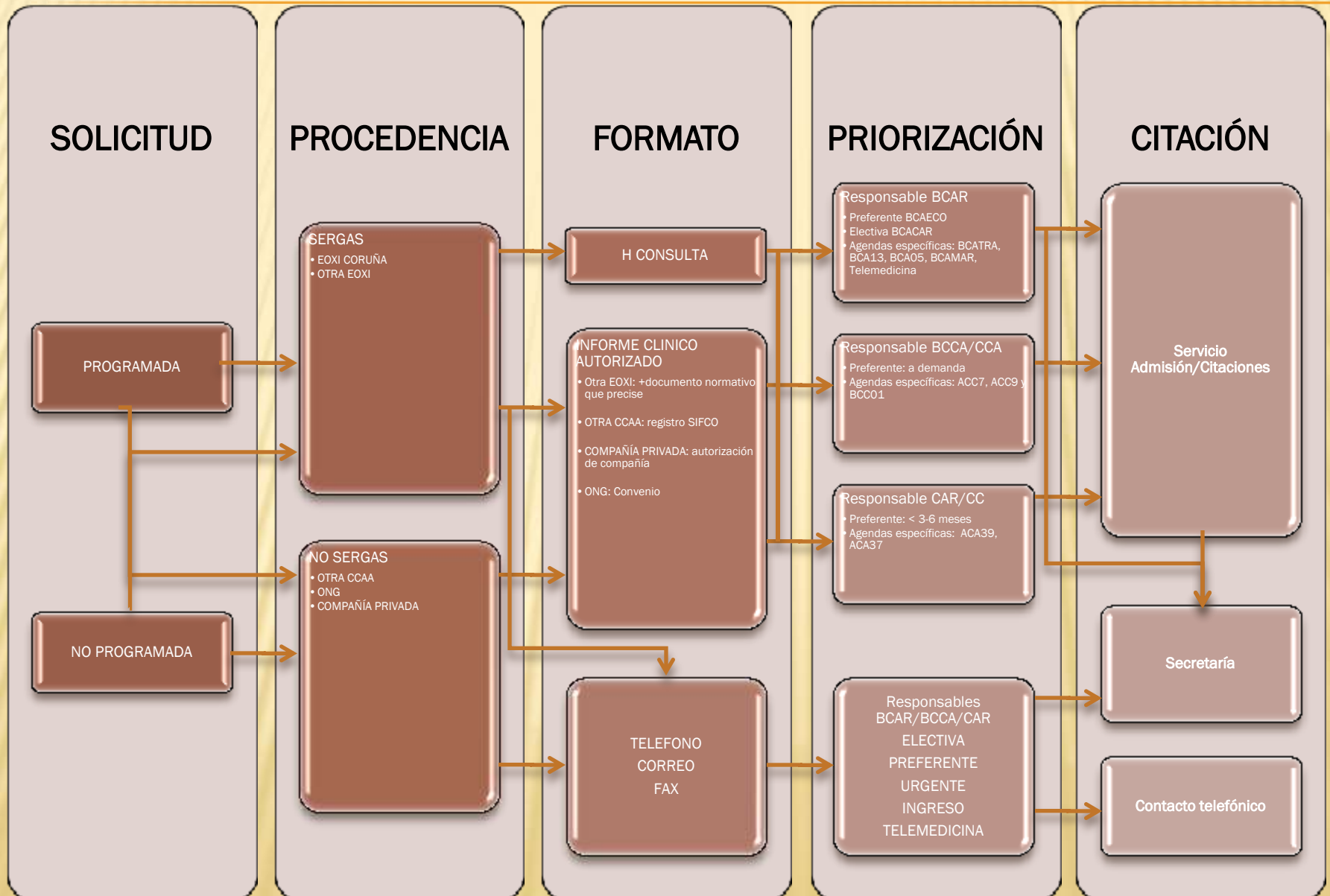
ALTA

PACIENTE

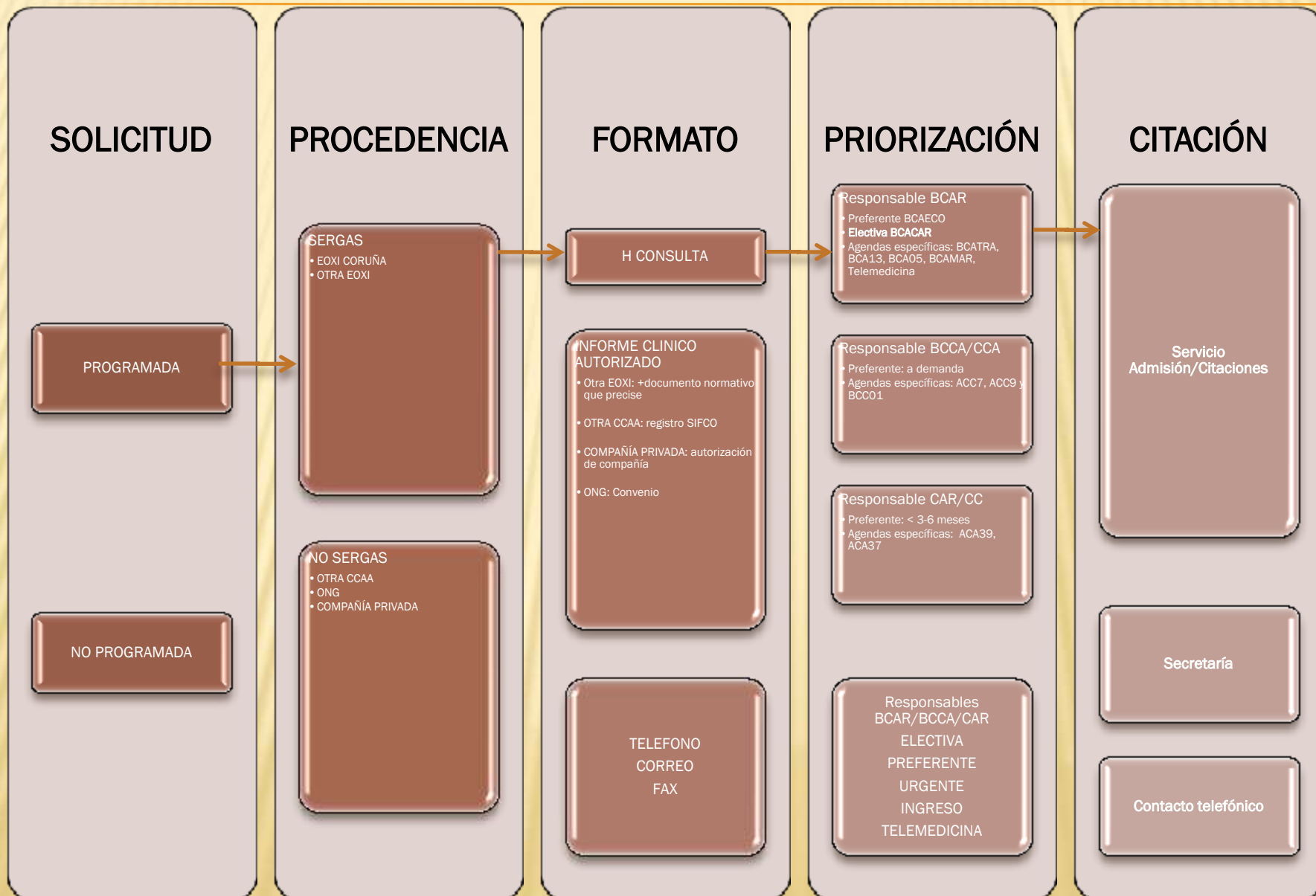
PROCESOS DE APOYO



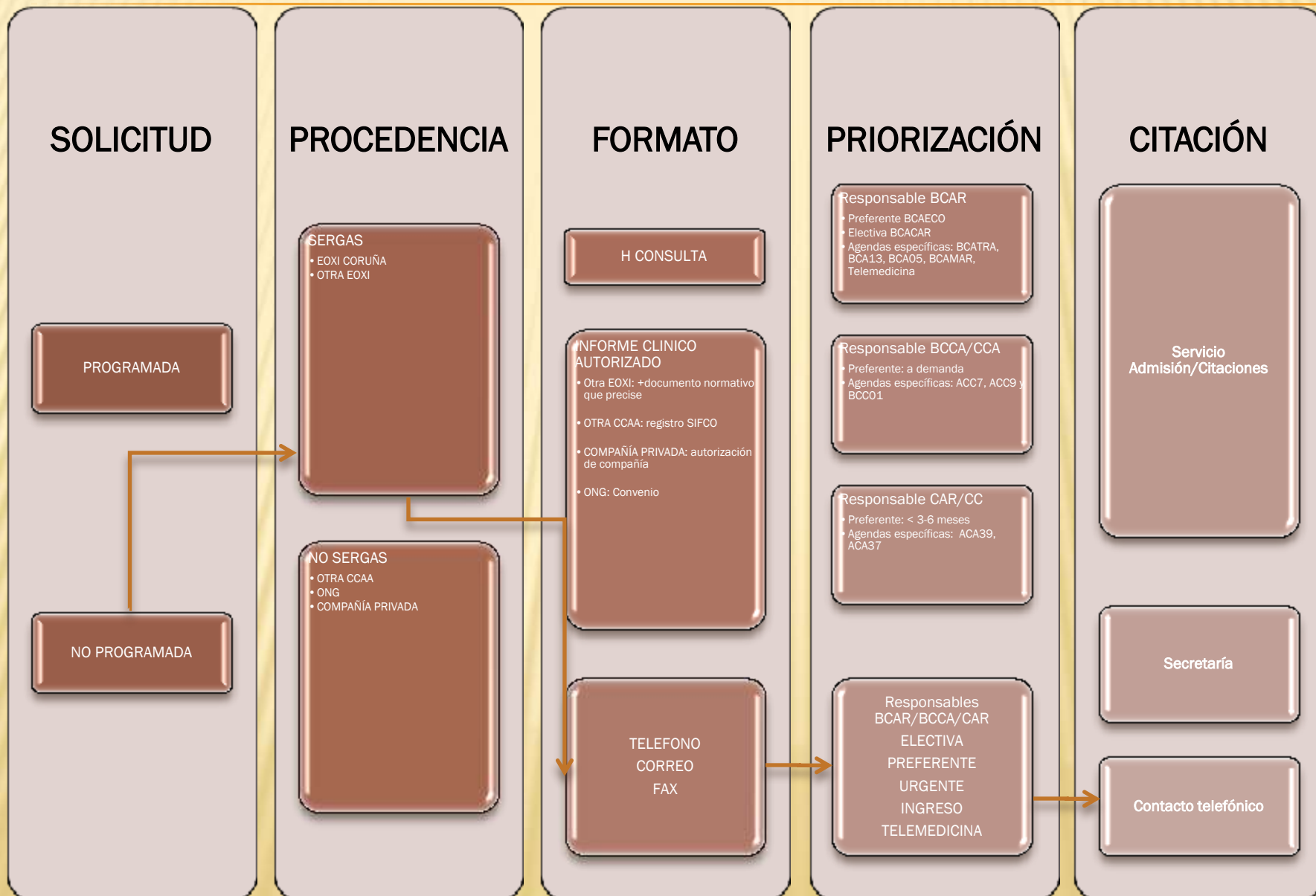
JUSTIFICACIÓN



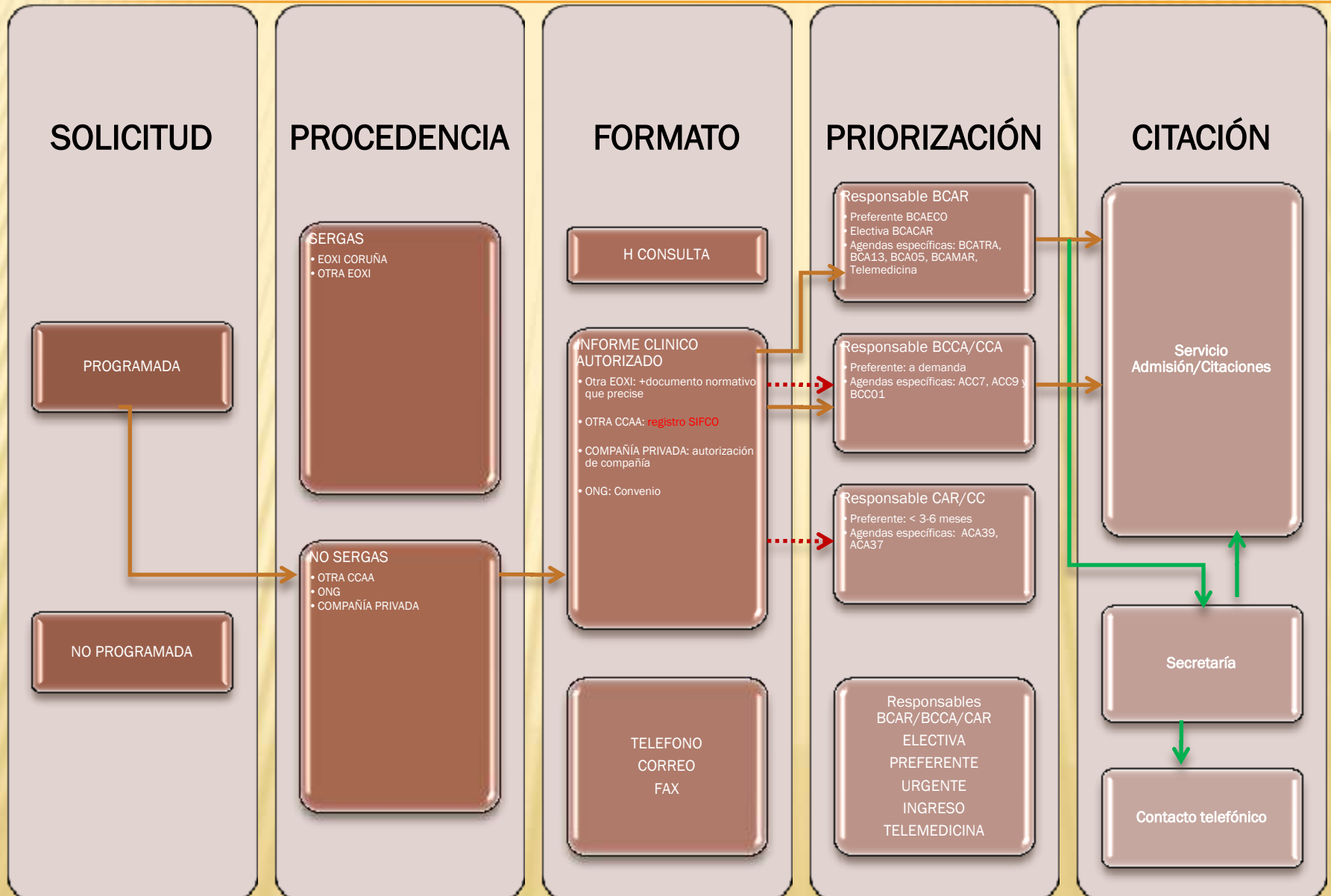
EJ: SOPLO 1ARIA



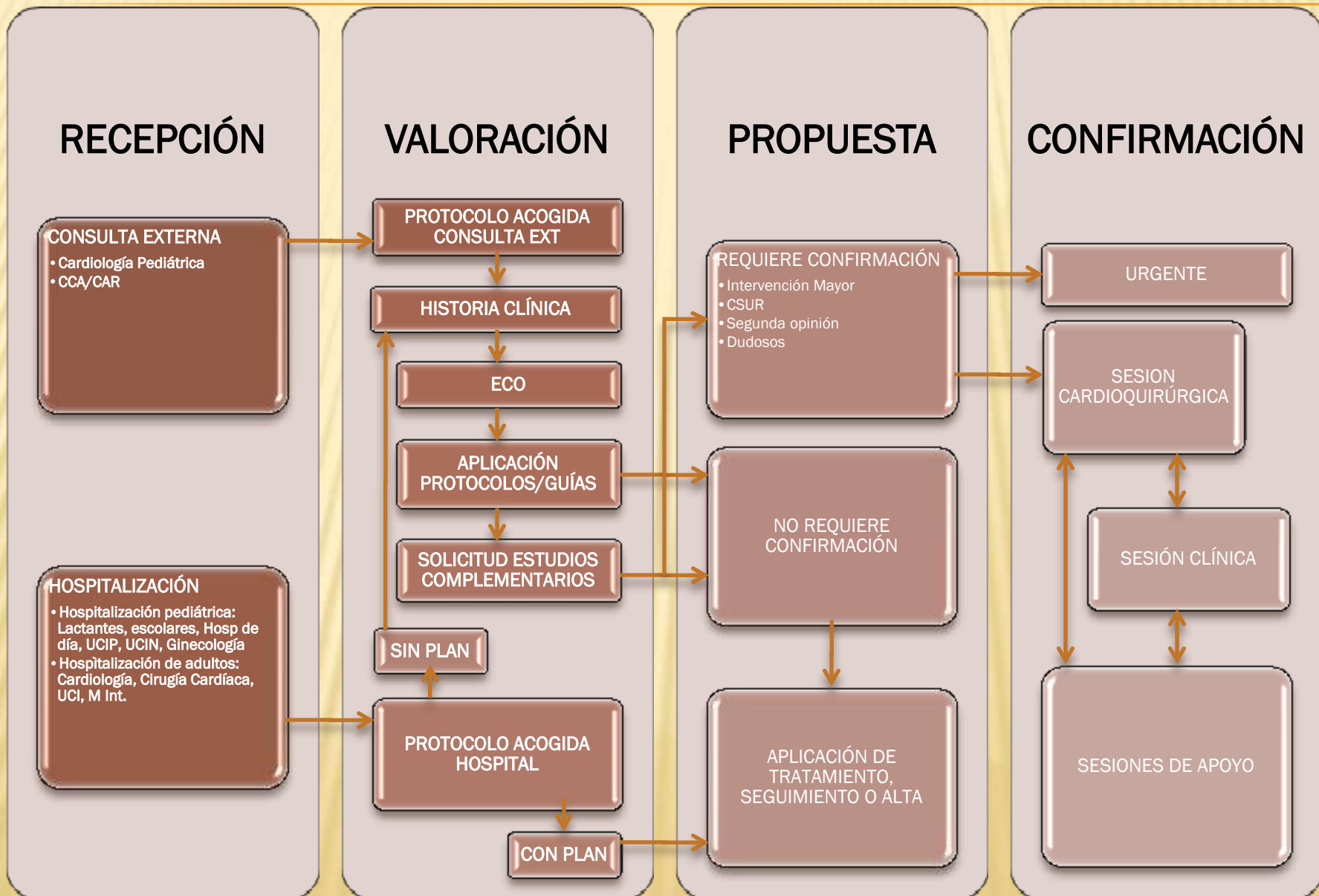
EJ: D-TGA CHUVI



EJ: CAVC DE LEON ESTABLE

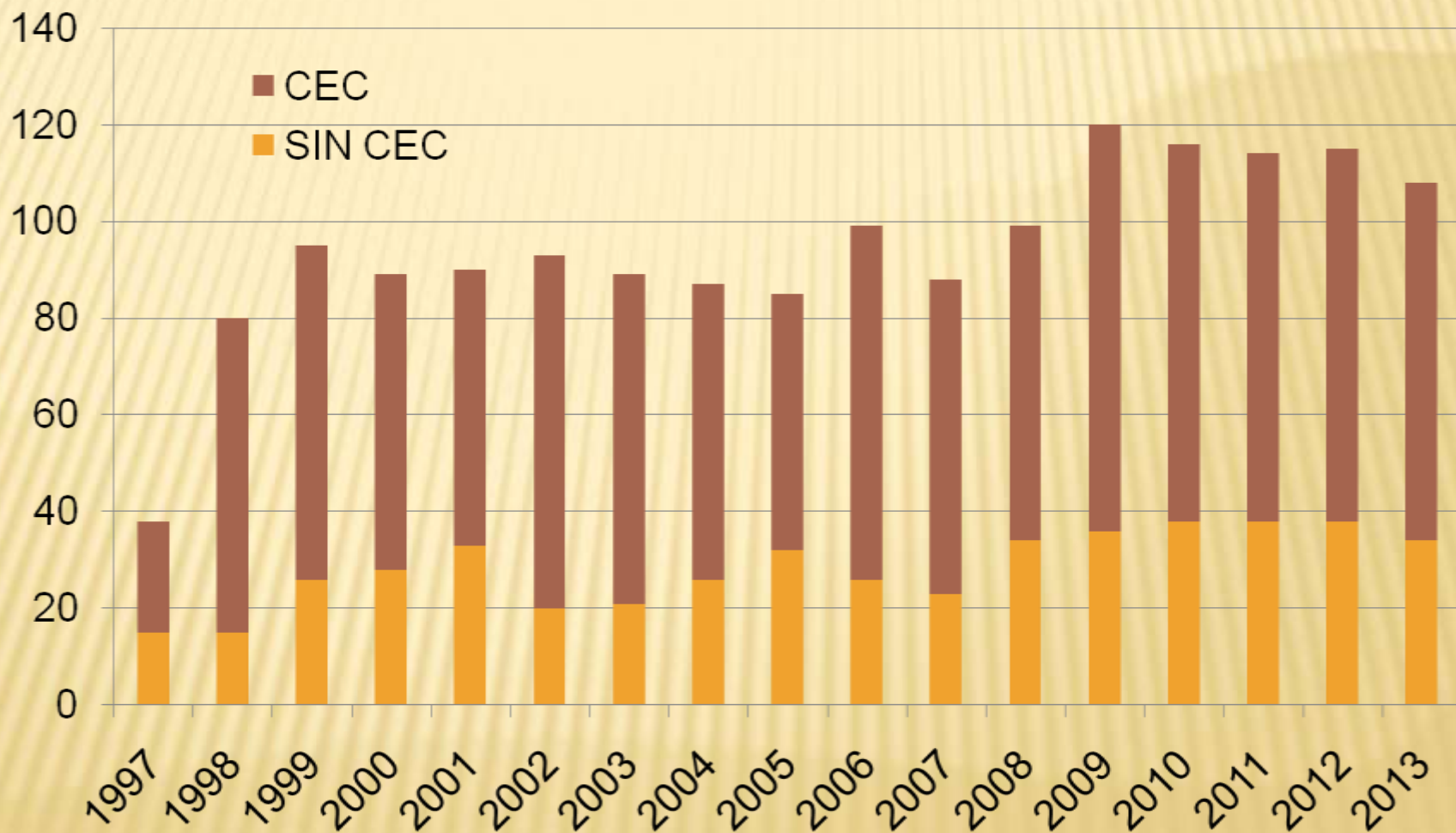


RECEPCIÓN: PLAN ASISTENCIAL



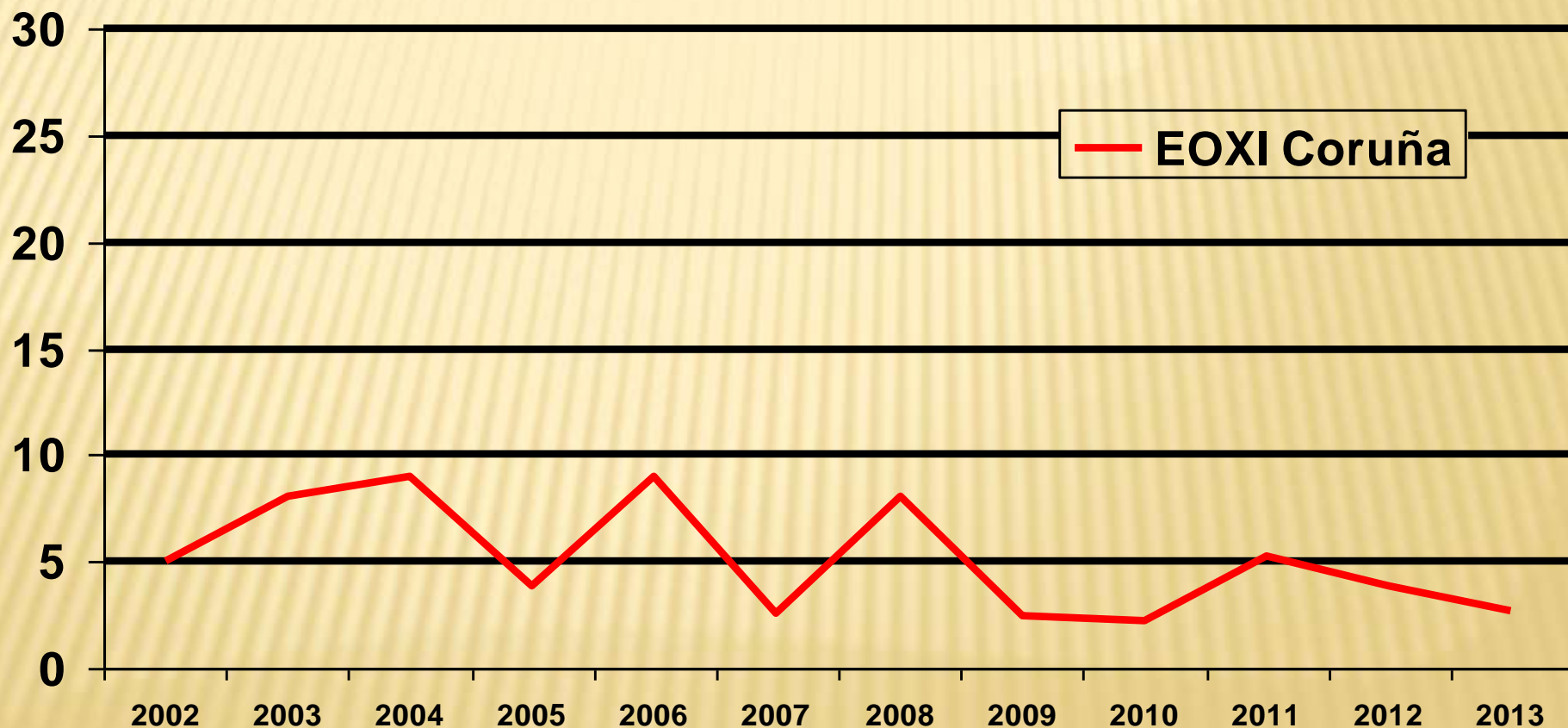
CIRUGÍA

1619 procedimientos



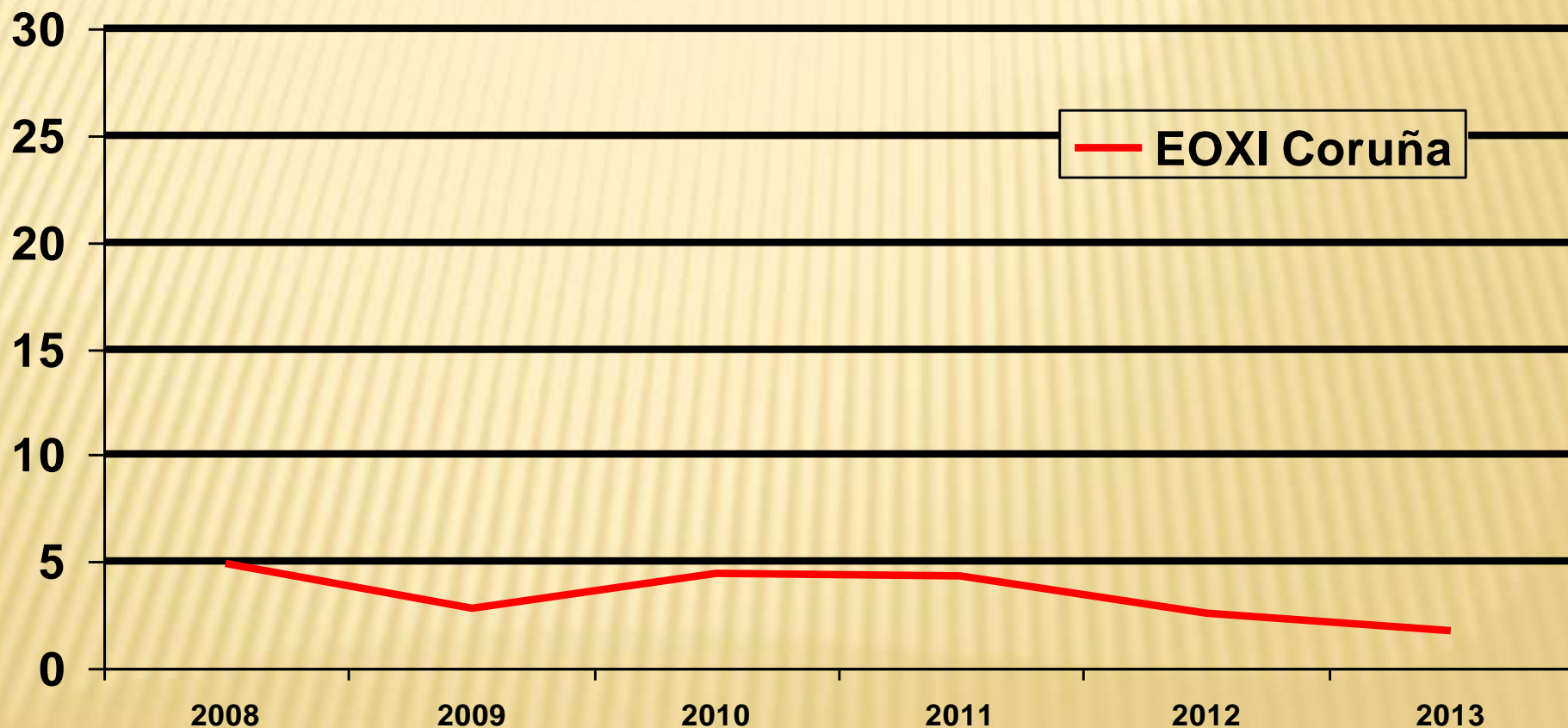
EVOLUCIÓN

MORT HOSPITALARIA CEC



EVOLUCIÓN

MORT HOSPITALARIA GLOBAL

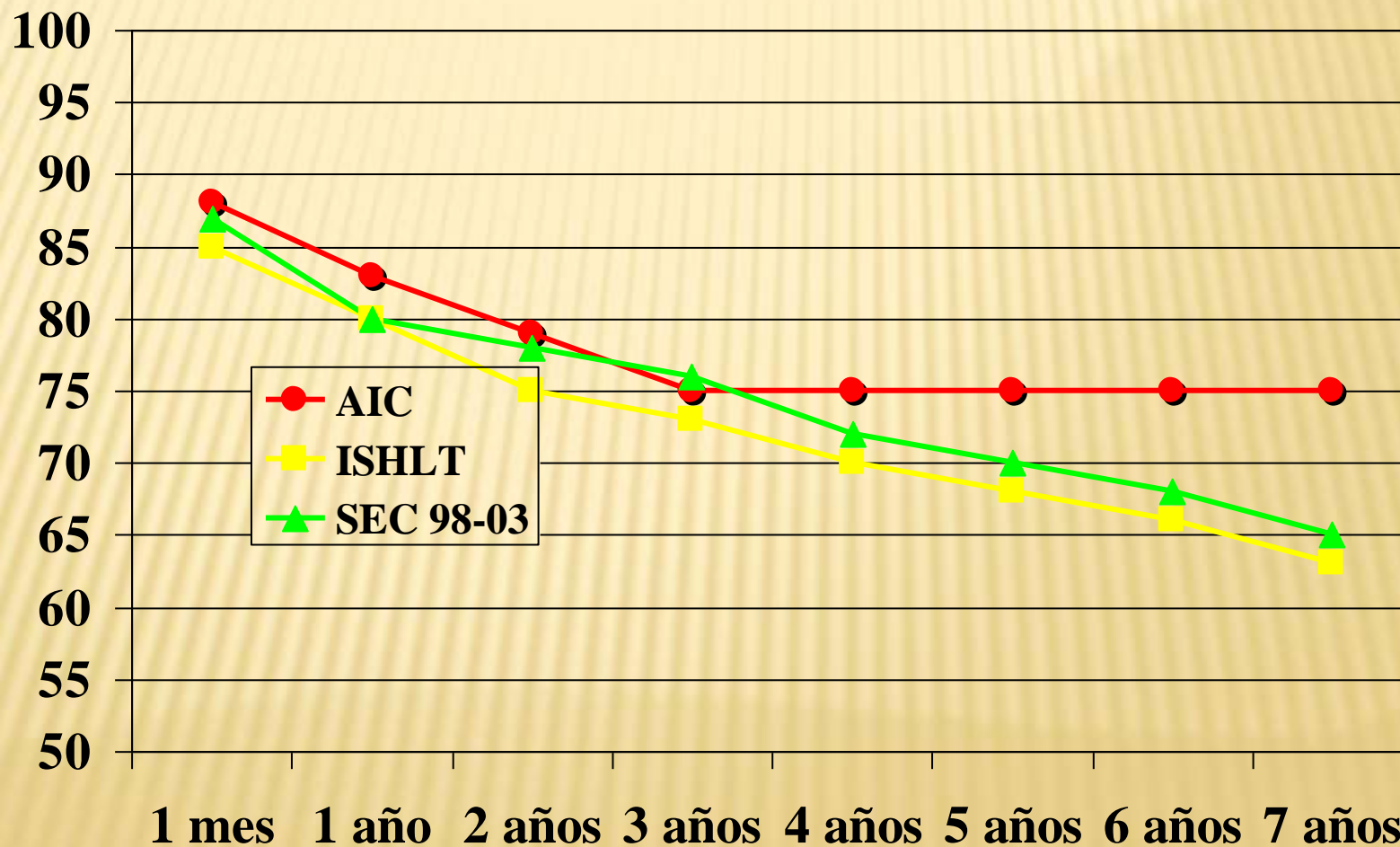


EVOLUCIÓN

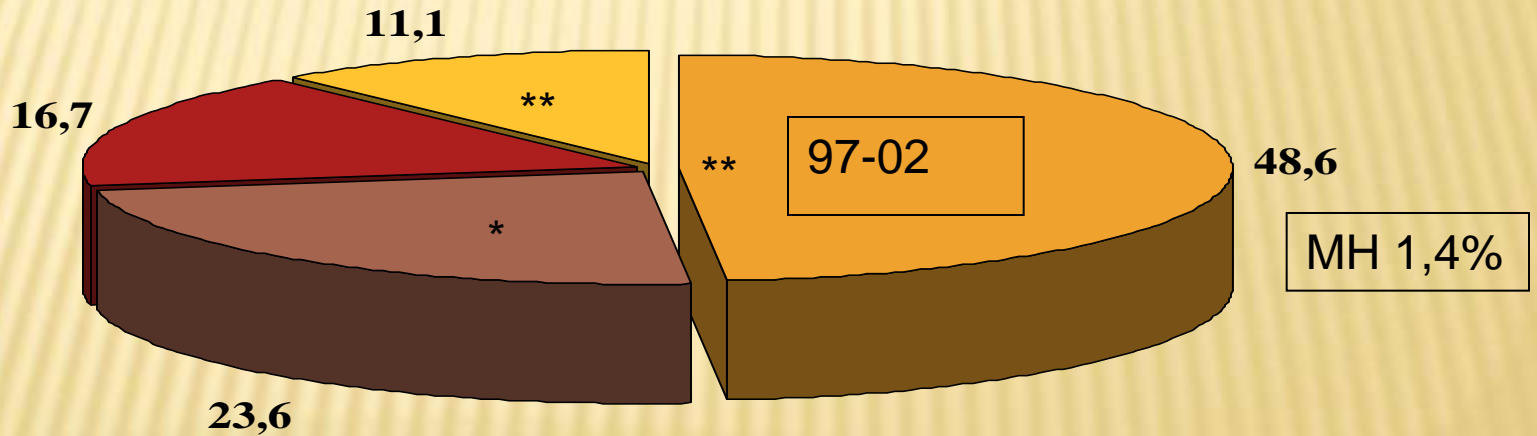
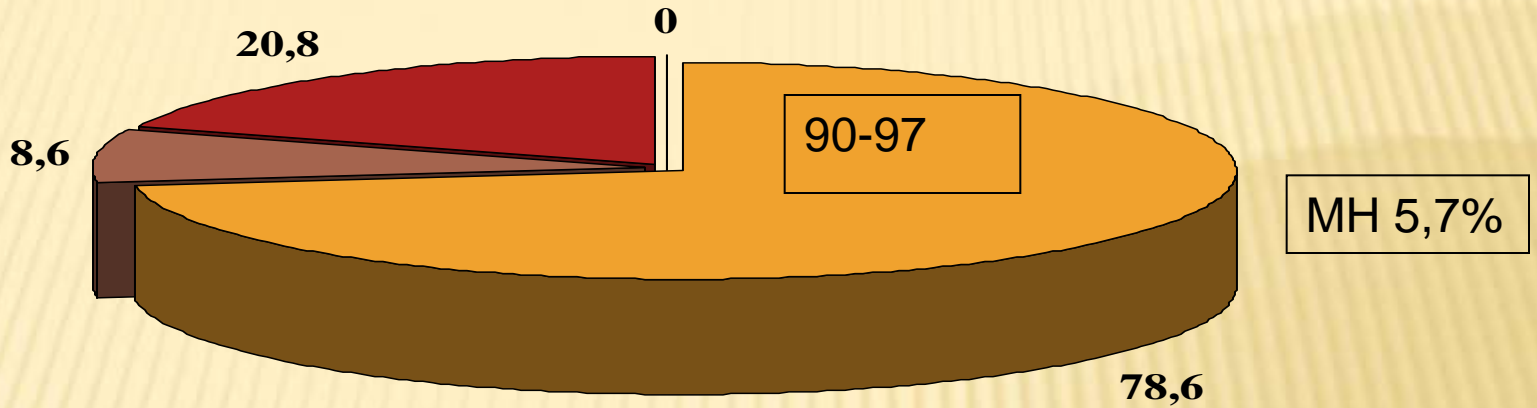
	< 1año	> 1año	Total CEC	Global
97-00	16.8%	1.9%	9.6%	8.3%
01-06	11%	2.4%	7.3%	6.2%
07-10	6.9%	2.1%	4.4%	4.2%
11-13	4.1%	1.8%	3.9%	2.9%

TRASPLANTE PEDIÁTRICO

Seguimiento medio 6 años



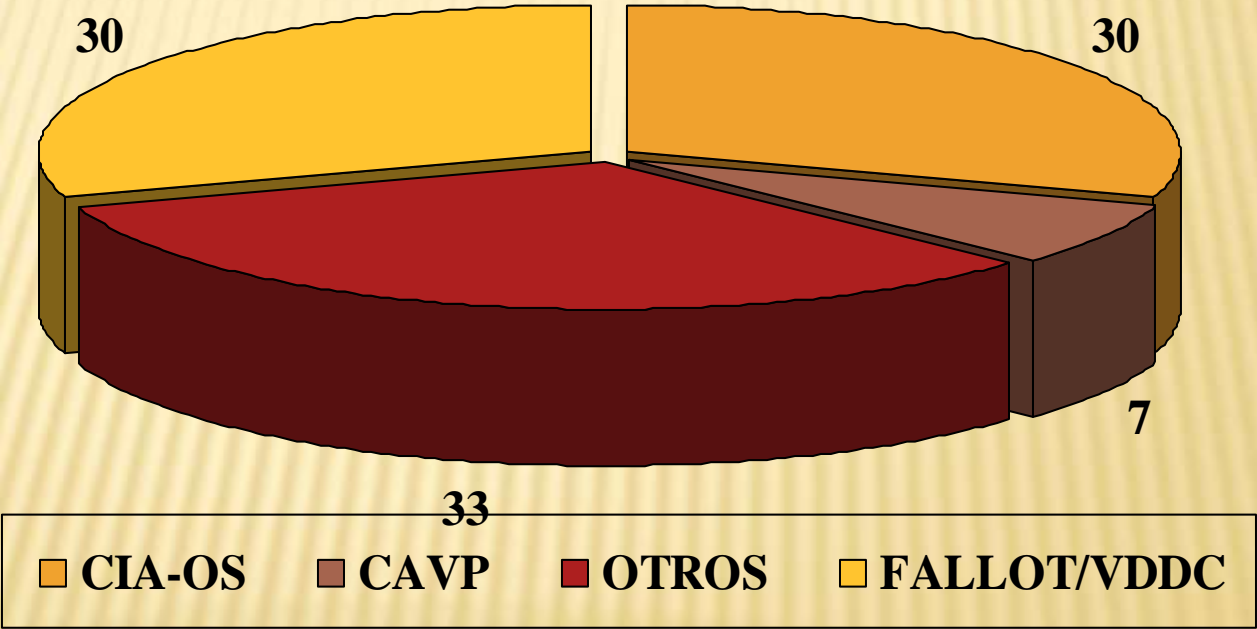
C CONG ADULTO



C CONG ADULTO

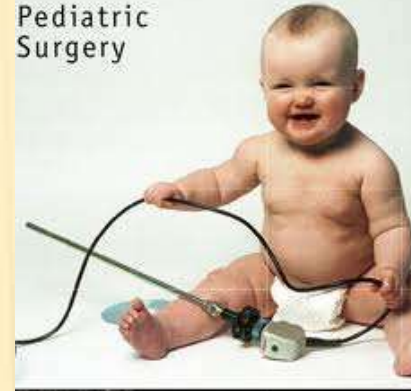
MH 0%

2009-2013



Plan de Calidad
para el **Sistema Nacional de Salud**

Pediatric
Surgery



C.S.U.R.

Centros, Servicios y Unidades de Referencia



Real Decreto 1302/2006. Consejo
Interterritorial 2009

NECESIDADES ÓPTIMAS



1400/40 cirujanos= 35

- ✘ Sudáfrica 2010
 - + 250 cirugías/año
 - + 100 infantes/año
 - + 125 cirugías/cirujano
 - + Trasplante
 - + 2 Cirujanos
 - + CCA adulto por cirujano de congénitas
 - + Discusión cada caso complejo

TABLE 1: Minimum personnel and facilities requirements for 250 paediatric cardiac operations performed annually

Personnel	Number	Comments
Paediatric cardiologists	6-12	lowly: One per 0.5 million population
Paediatric cardiac surgeons	2-3	
Paediatric cardiac anaesthetists	2-3	
Paediatric cardiac technologists	3	
Cardiac perfusionists	3	
Facilities		
Biplane cath lab		Equipped for care of neonates and infants
Echocardiography	2 units	Should include facilities for BSU studies as well as transoesophageal studies
Perioperative intensive care	6-8 beds	Nurse:patient ratio 1:1
Perioperative high care	2-4	Nurse:patient ratio 1:2
Perioperative ward beds	10-12	Refers to perioperative beds only. Additional beds are required for admission for other indications and percutaneous interventions
ECMO and ventricular assist device		Require additional personnel for these services
CT angiography and cardiac MRI		Additional staff required



EACTS
European Association For Cardio-Thoracic Surgery

CALIDAD CAPACIDAD

Finally, the aim of a medical activity is not size but quality. For the planner, size is one of the ways of trying to ensure quality. However, units of sub-optimal size may produce brilliant results as a result of individual devotion and organizational and surgical skills. A cautious health service would not interfere with such units. Smaller pediatric units (<250 cases/year) are also acceptable, provided their results meet the standards of care in larger, specialized units. The absolute proviso, however, must be that the unit adheres to the same quality assurance systems as the larger units and that adequate measures are taken to provide good service around the clock and around the year.

The relevant body recognizing training is the European Board of Thoracic and Cardiovascular Surgeons (EBTCS).

Surgical trainees who specialize in CHS with the aim of qualifying as an EBTCS approved surgeon will have had their specialized education in units recognized and authorized for training in CHS according to the rules in each country.

Special training in CHS in order to qualify for independent positions needs a minimum duration of 3 years in addition to experience in general as well as cardio-thoracic and possibly vascular surgery.

During the training in CHS, a comprehensive knowledge of the entire field of CHS must be offered to the trainee.

Surgical trainees should have good access to surgical research.

¿POR QUÉ HA FUNCIONADO BIEN?



EQUIPO



