The road to cardioversion paved by allied professionals

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Nowadays many areas in medicine are covered by allied professionals usually supervised by a medical specialist. This holds especially for areas in which care and cure are highly standardised, deviations from the planned track not expected and risk of complications low. One such area is cardioversion of atrial fibrillation (AF). The management of AF is complex and costly and adherence to guideline recommendations is frequently not up to the mark. Work-up before interventions such as cardioversion may be improved by installing clinical pathways led by nurse practitioners or physician assistants. Deuling et al. report in the present issue of the Journal that the number of avoidable postponements of cardioversion reduced significantly after changing physician-led to nurse-led cardioversion [1]. The new pathway appeared to be safe. However, time to cardioversion did not shorten with nurse-led care. The majority of patients followed their pathway as planned whatever the type of care applied. Also, logistical steps other than checking anticoagulation may need optimisation. In addition, unavoidable obstacles hampering smooth nurse-led care also played a role on the road to cardioversion, including new atrial thrombus, hospital admissions and personal circumstances [1].

Why bother to change to nurse-led care, knowing that foreshortening time to cardioversion does not enhance chronic sinus rhythm nor does it reduce cardiovascular events? [2] Why bother, knowing that the new oral anticoagulants will do away with the acenocoumarol/phenprocoumon hurdle? [3, 4] And, why bother, since the waiting list can be managed by a personal assistant rather than a nurse specialist? Well,

foreshortening the time to cardioversion is important to limit patients' complaints. To achieve this, more is needed than just taking care of anticoagulation. It may take, for example, transoesophageal echocardiography to enable acute cardioversion. Most important, however, is that nurse-led care provides much more than just foreshortening time to cardioversion. Nurse-led care has become very important in other chronic diseases such as heart failure and diabetes and is on its way to becoming so in AF [5]. It enhances adherence to guideline recommendations, thus avoiding cardiovascular events and hospital admissions. In addition, it leads to patient empowerment, thereby creating an understanding of the disease by the patient, reducing anxiety and improving adherence to treatment. At the end of the day, all of these may help improve quality of life and survival of the patients. This holds even more for management of AF in general than for the cardioversion procedures only. Nurse-led care for AF should become the hinge point for disease management systems for chronic care of AF which may include some or all of the following components: comprehensive diagnosis and treatment of AF guided by evidence-based electronic decision support, patient education, patient reassurance, home-based electronic monitoring and remote monitoring, and last but not least teamwork with the cardiologist (pilot-co-pilot) [6]. That is the future avenue of cardiological care for atrial fibrillation, and it is paved by allied professionals.

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