

Kardiologija u vrijeme pandemije COVID-19: iskustva Kliničkog bolničkog centra Zagreb

Cardiology during the COVID-19 pandemic: experiences from the University Hospital Centre Zagreb

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Izbijanje pandemije COVID-19 dovela je do promjene u organizaciji pružanja zdravstvene skrbi. Na snazi je paradigma koja je utjecala na promjene u načinu pružanja bolničke i izvanbolničke skrbi na svim razinama zdravstvenog sustava. Nova organizacija rada dovela je do smanjene dostupnosti zdravstvenih usluga čime su posebice pogođeni bolesnici koji boluju od kardiovaskularnih bolesti. Primjerice u prvom valu pandemije u bolnice su primani samo akutni bolesnici, a svi preventivni pregledi te elektivni pregledi i dijagnostičke procedure kroničnih bolesnika su se odgađali. Prema dostupnim podatcima u prvoj polovici 2020. godine u hrvatskim bolnicama je od infarkta miokarda liječeno oko 30% bolesnika manje nego u prvoj polovici 2019. godine. Cilj ovog rada se prikazati da dobro organiziranim i koordiniranim radom multidisciplinarnog tima resursi zdravstvenog sustava mogu biti pravovremeno dostupni s minimalnim rizikom ugroze od COVID-19 za kardiovaskularne bolesnike.

Na Kliničkom bolničkom centru Zagreb smo od početka pandemije pratili epidemiološke preporuke i smjernice nacionalnih i svjetskih stručnih društava i organizacija te postupali u skladu s istima. Također smo svakodnevno pratili rezultate iz vlastite kliničke prakse. Prvi odgovor na novu paradigmu pružanja skrbi bila je edukacija osoblja i nadzor nad provedbom mjera usmjerenih na smanjenje mogućnosti prodora SARS-CoV-2 virusa u našu kliniku. Drugi naš odgovor na novu paradigmu bio je uspostaviti kontakt sa svim bolesnicima kojima su usluge bile odgođene ili su ih bolesnici zbog straha od zaraze sami odgađali te planirati nove termine. U planiranju i provedbi svih mjera medicinske sestre igraju ključnu ulogu.

Uloga medicinske sestre podijeljena je na tri razine. Prva razina je tehnička i njen cilj je suradnja i koordinacija s ostalim članovima tima. Druga razina se sastoji u edukaciji, savjetovanju bolesnika i članova obitelji i pružanju podrške u poželjnim koracima usmjerenim postizanju najbolje kvalitete življenja. Treća razina je praćenje provedbe mjera i evaluacija ciljeva. Dobrom organizacijom i provedbom mjera svi planirani postupci dijagnostike i liječenja na Klinici za bolesti srca i krvnih žila KBC-a Zagreb provode se prema planu. Transmisija SARS-CoV-2 virusa na osoblje i bolesnike bila je minimalna.

Dobrom organizacijom resursi zdravstvenog sustava moraju biti koordinirani i pravovremeno dostupni za svakog kardiovaskularnog bolesnika.¹ Kako bi posljedice COVID-19 bile što manje, a skrb za bolesnike bila sigurna i učinkovita nužno je pratiti i pridržavati se svih preporučenih epidemioloških mjera.

The outbreak of the COVID-19 pandemic has led to a change in the organization of health care delivery. There is a paradigm shift that has affected changes in the way hospital and outpatient care is provided in all levels of a health system. The new organization of work has led to reduced access to health services, which mostly affected patients suffering from cardiovascular diseases. For example, in the first wave of pandemic only acute patients were admitted to hospitals, and all preventive examinations and elective examinations and diagnostic procedures of chronic patients were postponed. According to available data, comparing the first half of 2020 to the same period in 2019, approximately 30 % less patients were treated for myocardial infarction in Croatian hospitals. The aim of this article is to show that through well organized and coordinated work of a multidisciplinary team, health system resources can be accessed with minimal risk of COVID-19 threat to cardiovascular patients.

Since the beginning of the pandemic, University Hospital Centre Zagreb has been following epidemiological recommendations and guidelines of the national and world professional societies and organizations and acting in accordance with the same. We also monitored the results of our own clinical practice on the daily basis. The first response to the new care paradigm was to educate staff and to monitor the implementation of measures aimed at reducing the possibility of the SARS-CoV-2 virus entering our clinic. Our second response to the new paradigm was to establish contact with all patients whose health services were postponed or who were postponed by patients for the fear of infection and to plan new appointments. Nurses and medical technicians play a key role in planning and implementing all measures.

The role of a nurse is divided into three levels. The first level is technical and its goal is cooperation and coordination with other team members. The second level consists of educating, counseling patients and family members and providing support in desirable steps aimed to achieve the best quality of life. The third level is monitoring of implementation of measures and evaluation objectives. With good organization and providing of measures, all planned diagnostic and treatment procedures at Clinic for Cardiovascular Diseases of University Hospital Centre Zagreb are carried out according to plan. Transmission of SARS-CoV-2 virus to the staff and patients was minimal.

With good organization, the health system resources can be coordinated and available for every cardiovascular patient.¹ In order to reduce the consequences of COVID-19 and ensure safe and effective care, it is important to monitor and adhere to all recommended epidemiological measures.

LITERATURE

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