

# SCAI publishes updated guidelines for cath lab best practices

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Today, the Society for Cardiovascular Angiography and Interventions (SCAI) published an update to its first-of-its-kind 2012 paper outlining best practices in the cardiac catheterization laboratory (CCL), or cath lab. The paper, "SCAI Expert Consensus Statement: 2016 Best Practices in the Cardiac Catheterization Laboratory," was published online in *Catheterization and Cardiovascular Interventions*, SCAI's official journal.

The document provides cath labs around the country with a set of agreed-upon recommended guidelines developed by expert practicing interventional cardiologists to ensure the highest quality of care and ultimately better patient outcomes, as well as improved patient and physician satisfaction. The paper includes pre-, intra-, and post-procedure recommendations.

"SCAI created the Best Practices Guidelines in 2012 because there had been no process standardization in cath labs and labs had been working under only local regulation and policy," said Srihari S. Naidu, MD, FACC, FSCAI, FAHA, associate professor of medicine at the SUNY Stony Brook School of Medicine, director of the cardiac catheterization laboratory at Winthrop University Hospital and the paper's lead author. "There is a tremendous appetite among interventional cardiologists for a comprehensive document outlining the details on how a cardiac cath lab should operate."

**The document includes:**

- An updated pre-procedure checklist for cardiac catheterization that provides a nurse, technician, APP, physician extender, or physician with a set of questions to review with the patient.
- Language on cath lab governance and the responsibilities of a cath lab director. Techniques are provided on how CCLs can improve function through effective governance and management strategies.
- Information on cost consideration. Specific strategies CCLs can employ to provide the highest value of care are outlined.
- Information on radial access. There is recent support for radial access procedures (procedures done through the wrist), which were not covered in the 2012 paper. Best practices on when radial access is appropriate and considerations CCLs should take is included.
- New evidence on medications. Recent data includes medications brought to market after the 2012 paper and when to use certain drugs and dosage amounts.
- Recommendations on maintaining appropriate industry relationships, for example:
  - Industry's role in individual CCLs should be consistent with policies set by the hospital and/or director.
  - Industry should not have "hands-on" equipment in the CCL, except for defined educational purposes or device preparation.
  - Industry should always provide information and advice that is in the best interest of the patient, regardless of other considerations.
- Techniques for enhancing patient satisfaction in the CCL including pre-, intra-, and post-procedure recommendations for improving patient satisfaction.

The paper, which cross-references other SCAI reports and documents, clearly reflects the direction in which the profession of interventional

cardiology is heading.

"SCAI is a valuable organization for cardiologists to join as it lends them a voice and the opportunity to impact and influence the future of interventional cardiology," said Sunil V. Rao, MD, FSCAI, chair of SCAI's Quality Improvement Committee, associate professor of medicine at the Duke University Medical Center and section chief of cardiology at Durham VA Medical Center.

"The guidelines reflect SCAI's commitment and continued efforts to improve quality of care and the patient experience," said SCAI President James C. Blankenship, MD, MHCM, FSCAI, MACC, practicing interventional cardiologist at Geisinger Medical Center in Danville, Pa., and director of the Geisinger cardiology department and catheterization laboratories.

**More information:** [www.scai.org/Assets/d85693c6-2 ...  
26551-2016-05-02-pdf](http://www.scai.org/Assets/d85693c6-2...26551-2016-05-02-pdf)

Provided by Society for Cardiovascular Angiography and Interventions

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