



Establish an Aortic Consortium within BUMC-T system

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Background

Background: It has been shown that development of a Comprehensive Aortic Center with implementation of strategic workflow systems can result in a significant increase in elective and emergent aortic volume[1]. Studies have shown that outcomes are better when aortic procedures are performed by high-volume surgeons in high-volume centers, making the argument of creating aortic centers compelling.[2,3]

Current status: BUMC-T is a safety-net hospital and the only level I trauma center in Tucson with ~ 20 thoracic aortic emergencies and 50 AAA interventions per year.

Gap: Lack of strategic coordination and utilization of resources for aortic disease management including transfers, ICU cares, and clinical protocols. Lack of a research collaboration to better understand and treat aortic pathology.

Objectives

Short-term: Start a multidisciplinary aortic program at BUMC-T.

Long-term: Provide comprehensive continuum of care for complex aortic disease with complimentary research collaboration. Increase institutional reputation, community awareness, and patient satisfaction.

Results

Team: Consensus reached for an aortic team, including vascular surgeons, CT surgeons, cardiologists, radiologists, and medical geneticist.

Education: Bimonthly aortic conference has been ongoing for nearly a year.

Clinic: A patient-centered multidisciplinary aortic clinic for patient to go “one-stop shop” is due to “go-live” in September 2021.

Research: A multi-institutional project analyzing outcomes of aortic emergencies

Next Step

Team: recruiting a nurse navigator, feasibility analysis completed

Outreach: social media and traditional promotion for aortic disease awareness and prevention.

Research: start a physician-modified endograft program (PMEG). Increase aortic research.

Metrics: increase aortic volume by 40% and 1-2 aortic publications in 3 years. Increase patient satisfaction score and reduce duplicate imaging.

References

1. A Tanious, et al, Positive Impact of an Aortic Center Designation, Ann Vasc Surg. 2018; 46:142-146
2. Birkmeyer et al, Surgeon volume and operative mortality in the United States, NEJM 2003
3. Dimick et al, Variation in death rate after abdominal aortic aneurysmectomy in the United States: impact of hospital volume, gender, and age. Ann Surg, 2002

