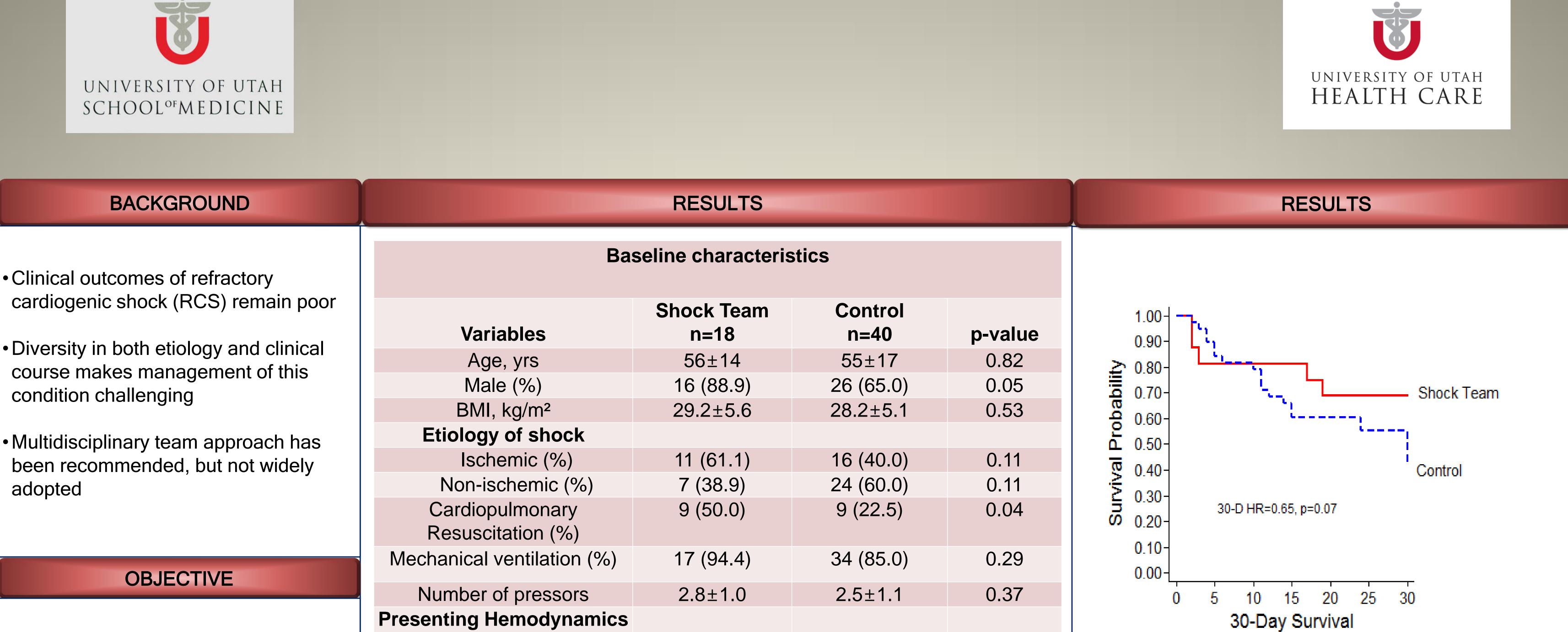
Feasibility and Effectiveness of a Multidisciplinary Team Approach in Refractory Cardiogenic Shock: **A Prospective Pilot Study**

Byung-Soo Ko, Iosif Taleb, Ryan Larsen, Anwar Tandar, Tae Soo Kang, Stephen McKellar, Josef Stehlik, Greg Stoddard, Antigone Koliopoulou, Edward M. Gilbert, Jose Nativi-Nicolau, James Fang, Craig Selzman, Frederick Welt, Stavros G. Drakos

University of Utah School of Medicine, Salt Lake City, UT



course makes management of this
condition challenging

 Multidisciplinary team approach has been recommended, but not widely adopted

We sought to investigate feasibility and effectiveness of multidisciplinary team approach in patients with RCS

METHODS

• Multidisciplinary "SHOCK TEAM", comprised of heart failure cardiologist, interventional cardiologist, intensivist, and cardiothoracic surgeon, was established in April 2015 as part of Utah Cardiac Recovery-SHOCK program

Age, yrs	30±14) I ±CC	0.02
Male (%)	16 (88.9)	26 (65.0)	0.05
BMI, kg/m ²	29.2±5.6	28.2±5.1	0.53
Etiology of shock			
Ischemic (%)	11 (61.1)	16 (40.0)	0.11
Non-ischemic (%)	7 (38.9)	24 (60.0)	0.11
Cardiopulmonary Resuscitation (%)	9 (50.0)	9 (22.5)	0.04
Mechanical ventilation (%)	17 (94.4)	34 (85.0)	0.29
Number of pressors	2.8±1.0	2.5±1.1	0.37
Presenting Hemodynamics			
Systolic blood pressure, mmHg	81.3±17.3	82.1±15.1	0.87
Heart rate, bpm	103.2±16.0	117.0±20.0	0.01
LV Ejection Fraction, %	24.6±12.5	33.6±16.5	0.05
End-organ damage			
Abnormal liver function (%)	14 (77.8)	16 (40.0)	<0.01
Acute renal failure (%)	12 (66.7)	19 (47.5)	0.14
Lactic acid level, mmol/L	7.9±6.0	6.7±4.9	0.42
Anoxic brain injury (%)	2 (11.1)	4 (10.0)	0.61
Comorbidities			
Diabetes Mellitus (%)	4 (22.2)	10 (25.0)	0.55
Smoking (%)	12 (66.7)	13 (32.5)	0.02
Hypertension (%)	7 (38.9)	16 (40.0)	0.58
Chronic obstructive lung disease (%)	2 (11.1)	4 (10.0)	0.61
Chronic kidney disease (%)	2 (11.1)	4 (10.0)	0.61
Myocardial Infarction (%)	2 (11.1)	1 (2.5)	0.23
Heart failure with reduced EF (%)	5 (27.8)	9 (22.5)	0.45
Stroke (%)	0 (0)	4 (10)	0.22
Transfer from outside facility (%)	13 (72.2)	22 (55.0)	0.17

- Marginally significant lower 30-day mortality in SHOCK TEAM group in Cox regression model (38.9% vs. 60%; HR, 0.65, 95% CI [0.40-1.03])
- ICU stay and hospital stay also shorter in SHOCK TEAM group

 No significant delay in management with SHOCK TEAM approach ("Time to MCS" similar between the two groups)

 Program prospectively investigates management and outcomes of consecutive RCS patients who: (a) require temporary percutaneous

mechanical circulatory support (MCS) based on predefined criteria and clinical protocol, and

(b) being managed by SHOCK TEAM

 18 patients enrolled since launch of program were compared with immediately preceding 40 consecutive patients with RCS requiring MCS (control group)

Outcomes					
Outcomes	Shock Team n=18	Control n=40	P value		
ICU stay, d	12.8±13.2	26.7±58.9	0.33		
Hospital stay, d	16.1±15.2	30.9±58.9	0.30		
30-day mortality, %	38.9	60	0.07		
Time to MCS, hr	18.6±48.7	25.1±60.0	0.69		

CONCLUSIONS

 Multidisciplinary shock team approach seems feasible and practical

May improve outcomes in patients with RCS

