I love being in the echo lab performing studies on my patients. To this day I find it immensely fulfilling! But there is "life" outside of my local echo lab. I am eagerly looking forward to the day that I have the opportunity to share my skills and my passion with people in underserved areas. I hope this brief glimpse into one sonographer's experience will encourage you to look for "life beyond the echo lab!"

—Elizabeth McIlwain, Council Chair

Something happened to me in Rwanda that deeply changed my view of echocardiography. I was there in February with David Adams and others for Team Heart out of Boston on their seventh annual surgical mission. This beautiful country, called "The Land of a Thousand Hills," is home to over 10 million warm and gentle people, many of whom struggle daily just to obtain water and food. Health care and education, while improving, are still lacking, especially in rural areas. It is impossible to be there without falling in love with the country and connecting deeply with the people. Meeting patients who only eat one meal a day so that their children can eat twice, or walk for days from their villages in hopes of receiving life-saving surgery is both heart-wrenching and inspiring. As Dr. Chip Bolman said in an email after we came back, "This is the best work that we do in our careers, and I am truly humbled and proud to work with each and every one of you."

These types of humanitarian efforts are also supported by the ASE Education and Research Foundation (ASEF), which through its global initiatives brings adult and pediatric cardiovascular imaging to developing countries, teaching local physicians and providing direct services to those in need. Echocardiography is often the only form of cardiac screening available in these areas because of its mobility, being radiation-free, and ease of administration to patients young and old. Being "on the ground" in these areas has immeasurable benefits for the field: stimulating global connections between physicians, prompting new research ideas, allowing dialogue with engineers and manufacturers on field tests in remote conditions, and, ultimately, providing quality diagnostic cardiac care to the underserved.

The ASEF held two successful events in India in 2012, and provided support for a group of ASE members who organized a medical mission to Vietnam in 2013. What’s next? ASEF will return to India this August to participate in a humanitarian assessment of patients with valvular heart disease and provide training for local healthcare providers. A team of volunteers led by Partho P. Sengupta, MBBS, MD, DM, FASE and David Adams, RCS, RDCS, FASE, along with Srikanth Sola, MD, and Ashwin Venkatesh, MSc, will travel to Bangalore and work with local trainees to guide the clinical and echocardiographic evaluations and lead educational and training activities. Data will also be collected for future educational and research activities and guideline development.

The October 2013 issue of ASE's *Echo* magazine featured a great article on the challenges of creating a "state-of-the-art" echocardiography center in Lagos, Nigeria. This same center will welcome a team of ASEF volunteers led by Kofo Ogunyankin, MD, FASE in December. Realizing that many physicians operate in Nigeria without using echocardiography, Dr. Ogunyankin approached the ASEF about developing a program to help to build awareness of echo’s utility in treating patients, offer training in scanning and interpretation for local healthcare workers, and collect data to provide a cross section of the various echocardiographic pathologies seen in the country for future reference.

ASEF's efforts aren’t limited to developing countries. US–based humanitarian missions and educational outreach projects connect expert cardiologists and cardiovascular sonographers with uninsured and at-risk communities in need of cardiac care. Funding helps drive ASE’s ongoing mission to serve its members and the larger community of healthcare providers and patients for whom cardiovascular ultrasound is essential.

The Foundation will participate in its first domestic mission this September at a large healthcare clinic in Los Angeles, California. The Care Harbor clinic is an annual four-day health fair that provides
free medical care to uninsured and at-risk individuals. A team of volunteers led by Tracy Lawrence, MD, FASE, will conduct echocardiograms on referred patients within the cardiology care services area. This clinic will also provide an opportunity for volunteers to work with local primary care providers and offer guidance for appropriate patient care using echocardiography.

Future missions are in development. The capacity of the ASEF to support humanitarian and training events like these is a direct result of donors’ generous support. Please visit www.asefoundation.org/donate if you would like to contribute to future efforts. If you are interested in working with the Foundation as a volunteer or in facilitating a future event, please contact the ASEF at foundation@asecho.org.

There are also other avenues available for sonographers looking to participate in humanitarian efforts. Team Heart (http://www.teamheart.org), Heart to Heart (http://www.heart-2-heart.org), and Cardiostart (http://cardiostart.org/volunteer-interest-form) are all organizations looking for volunteers.

COUNCIL ON PERIOPERATIVE ECHOCARDIOGRAPHY (COPE) COMMUNICATION

Quality in Perioperative Echocardiography: It’s About Time

As healthcare providers of patients with cardiovascular disease who are undergoing surgery, it is our job to ensure the quality of care they receive. Whether we are anesthesiologists who take care of the patients throughout the perioperative period, or cardiologists or sonographers responsible for the imaging portion of the procedures, our commitment to quality remains unquestionable. But what are the essential requirements of quality that we must consistently meet? What are the definitions of quality we should follow? The Institute of Medicine has defined quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” Quality in echocardiography has also been defined previously. The ASE has led the way in translating the continuous quality improvement (CQI) process from standardized business practices to the field of echocardiography,

However, defining the process is just the preliminary step toward the goal of achieving constant and consistent quality care. These definitions form the basis for the continuous implementation and evaluation of defined processes for our quality care goals. The extent to which these guidelines are followed remains unknown, especially in the perioperative arena. One method of ensuring quality is to have an unbiased entity certify the processes followed by an echo laboratory as consistent with acceptable quality standards. The Intersocietal Accreditation Commission (IAC) is one such entity that has a framework for assuring the delivery of defined quality metrics in echocardiographic imaging to healthcare consumers.

While accreditation standards for adult, pediatric, transesophageal, and stress echocardiography are clearly defined by the IAC, similar standards for perioperative echocardiography are conspicuously absent. To patients and payers alike, echo laboratories that are IAC accredited can demonstrate echocardiography practices that indeed follow industry benchmarks. However, perioperative echocardiographers cannot confidently claim similar standards.

Surgical patients present with pathology that has usually reached the endpoint of medical management and are a unique challenge for echocardiographers. Patients are frequently elderly, unstable or present rapidly fluctuating hemodynamic conditions. Echocardiography, most often transthoracic, can be crucial in the immediate assessment of surgery and assurance of adequate surgical repair. These patients require the highest quality in imaging to ensure optimal outcomes. While quality metrics are comprehensively defined for surgical, anesthesia, and critical care practice, they are largely absent for intraoperative echocardiography.

We at the ASE Council on Perioperative Echocardiography (COPE) are deeply committed to the development of a process that enables echo laboratories to be accredited in accordance with established ASE standards. The council is working with the leadership of the ASE, Society of Cardiovascular Anesthesiologists (SCA), and IAC to develop guidelines that would eventually lead to minimum standards for accreditation in perioperative echocardiography. Our commitment to quality in echocardiography that started with the definitions of CQI will continue with accreditation standards in perioperative echocardiography, eventually leading to quality care and optimal outcomes for the surgical patient.

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