

## The Cardiac Intensive Care Unit Network in Croatia

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**KEYWORDS:** cardiac intensive care unit, organization, Croatia.

**CITATION:** Cardiol Croat. 2017;12(9-10):345. | <https://doi.org/10.15836/ccar2017.345>

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Organization and outcome of health care in general, as well as, of cardiac intensive care units (CICU) highly depends on gross domestic product (GDP). We had been witnessing evolution of CICU from point of rapid resuscitation to intervention, and finally compendious critical care.<sup>1</sup> Authors analyze organization of CICU on national level in Croatia and compare it with economically more developed countries. Croatian GDP per capita is 35-40% of European (EU-28) average, which groups us among economically less developed European countries.<sup>2</sup> Data were collected from thirty-four Croatian hospitals, and analyzed during September and October 2016.<sup>1</sup>

Croatia has 5 CICU per million inhabitants with mostly 5-6 beds (range of 1-9), on average one nurse on 2.7 patients (significant variation according to hospital size) and less than 4 beds per one physician (mostly cardiologists, lesser extent during night shifts). In addition, 76.5% of ICUs had 24/7 transthoracic echocardiography, 26.5% 24/7 transesophageal echocardiography, one third without therapeutic hypothermia, and 23.5% without ECMO as available treatment.

This representative, nationwide sample of Croatian CICUs demonstrated considerable variation of key elements of structures with respect to hospital size and financial issues, what influenced following of present international guidelines. This kind of investigation revealed the space for improvement and has to be taken into account while proposing standards, reimbursement master plan, or quality assessment of national health system.<sup>3</sup>

**RECEIVED:**  
September 24 2017

**ACCEPTED:**  
September 26, 2017



### LITERATURE

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