

From the Editor

The Path to Best Care

The Institute of Medicine's consensus report, *Best Care at Lower Cost: The Path to Continuous Learning Healthcare in America*, released in September of 2012, describes the current state of America's health system as one that is far too complex and costly (1). The report identifies three major imperatives for change: the rising complexity of modern health care, unsustainable cost increases, and outcomes below the system's potential. The report charts a pathway to the best care that is embodied in 10 recommendations, one of which is related to clinical decision support with the following call to action: "*Research organizations, advocacy organizations, professional specialty societies, and care delivery organizations should facilitate the development, accessibility, and use of evidence-based and harmonized clinical practice guidelines.*"

This recommendation calls for a departure from the former, "Because that's how we have always done it" route; rather, it is a path informed by the best evidence and expert consensus available.

We are pleased to publish a special report on the American Society of ExtraCorporeal Technology's (AmSECT's) newly adopted *Standards and Guidelines for Perfusion Practice*. These new standards and guidelines for cardiopulmonary bypass have been under construction since the spring of 2011, and satisfy precisely what the Institute of Medicine report prescribed. The Standards provide a blueprint for development of local, institution-specific standards and guidelines to improve the reliability, safety, and effectiveness of cardiopulmonary bypass. The report in this issue describes how the Standards and Guidelines were developed, vetted, and formally adopted by the Society. The Standards document is consistent with the Society's mission, "*To foster improved patient care and safety by providing for the continuing education and professional needs of the extracorporeal circulation technology community.*" Congratulations to AmSECT's International Consortium of Evidence Based Perfusion Committee for their completion of this important document.

Also in this issue, an article by Bronson and colleagues describes how one team implemented practice changes that standardized cardiopulmonary bypass circuit selection at their center and how this contributed to a reduction in blood transfusions (2).

Two separate reports in this issue from DeBois (3) and Alwardt (4) examine an important clinical problem that



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sometimes occurs during extracorporeal membrane oxygenation (ECMO) support. DeBois' group studied the occurrence of variation in regional blood flow patterns during ECMO support in a series of adult patients and formulated some important inferences on optimal cannulation. Similarly, Alwardt and colleagues examined this same variation in regional blood flow distribution in a single patient and developed video teaching tools that describe the "mixing cloud" phenomenon that could occur during ECMO support. Be sure to follow the Internet link in their article to a fabulous animated teaching aid [<http://www.youtube.com/watch?v=NGGA-8zXVGE> (accessed September 10, 2013) and <http://www.youtube.com/watch?v=zjFjRG2Kqkg> (accessed September 10, 2013)].

All of these authors have shared their journeys. These reports encourage us to likewise follow in their footsteps, on the path to best care.

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REFERENCES

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