

# Myocardial Infarction Patient Journey

“Improving patient information and education after myocardial infarction: exploring the opportunities of mixed reality”



Optional.

stage	heart attack	ambulance	catheterization lab	mission protocol discharge	rehabilitation (2 weeks after)	first visit (1 month)	psychology	sexology	surgery	second visit (3 months)	third visit (6 months)	fourth visit (12 months)
Description	The patient experiences pressure, tightness, pain, or a squeezing or aching sensation in their chest or arms that may spread to the neck, jaw or back.	The ambulance is called by the GP, the patient or another person. The ambulance makes an ECG of the patient and sends it to the Cardiologist to examine it.	The patient is brought to the catheterization lab by the ambulance. The cardiologist performs a catheterization to re-establish blood flow.	The patient stays in the hospital under observation for 24 to 48 hours.	It is scheduled from the beginning. The patient go to the rehabilitation center where they are diagnosed and do exercise. A team of doctors from different specialties makes a plan and supervise the progress.	First consultation, generally with the nurse. Before getting here the patient has to do blood tests and an echo.	It is optional. The patient goes to the psychologist if diagnosed or it is demanded. The second, the nurse recommends it after the first visit if the patient has stress or anxiety.	It is optional. The patient goes to the sexologist if it is demanded. Generally the nurse recommends it after the first visit if the patient mentions it.	When it is required patients go through surgery.	Second consultation, generally with the nurse. Before getting here the patient has to do blood tests and an echo.	Third consultation, generally with the nurse. Before getting here the patient has to do blood tests and an echo.	Last consultation, generally with the nurse. Before getting here the patient has to do blood tests and an echo.
Specialist	The patients calls the GP or the ambulance.	Ambulance primary care.	Cardiologist.	Cardiologist and/or nurse. Family.	Cardiologist. Psychologist. Physician. Dietitian. Social worker. Speech specialist.	Generally nurse, but it can be a cardiologist as well.	Psychologist.	Sexologist.	Surgeon.	Generally nurse, but it can be a cardiologist as well.	Generally nurse, but it can be a cardiologist as well.	Generally nurse, but it can be a cardiologist as well.
Duration	5 minutes to several hours.	From when the call is made to 1 hour. Depends on the distance and traffic.	From 30 to 90 minutes.	24 to 48 hours	1 month and a half generally.	24 to 48 hours	It depends. From one month until the end of the treatment.	It depends. From one month until the end of the treatment.	It depends on the severity of the heart attack. The surgeon have to assess it.	15 minutes	15 minutes	15 minutes
Environment	House, office or public spaces.	Ambulance.	Catheterization Lab at the LUMC.	Discharge area at the LUMC.	Rehabilitation centre.	Outpatient clinic.	Psychologist consultation.	Sexologist consultation.	Surgeon consultation. Operation room.	Outpatient clinic.	Outpatient clinic.	Outpatient clinic.
Touchpoints	Mobile phone	ECG.	Catheter. Interaction with the Cardiologist.	Booklet and interaction with the specialists.	Introduction video. Interaction with the specialists. Questionnaire.	Interaction with the specialist. Drawings.	Interaction with the psychologist.	Interaction with the sexologist.	Interaction with the surgeon.	Interaction with the specialist. Drawings or illustrations.	Interaction with the specialist. Drawings or illustrations.	Interaction with the specialist. Drawings or illustration.
Experience												
Patient concerns	Knowledge. Identify the source of the symptoms.  Depending on the severity of the infarction it can go from symptom alleviation to survival.	Knowledge. Identify the source of the symptoms.  Depending on the severity of the infarction it can go from symptom alleviation to survival.	Catheterization procedure and survival.	Consequences of the infarction. Doubts and insecurities about health condition and next steps for the recovery.	Recover to the level of activity previous of the heart infarction.	Current health condition and state of the recovery. Medication, psychology and other concerns.	Receive support to overcome the psychological problems.	Receive support to overcome the sexological problems that arouse from the infarction.	Survival. Knowledge about the surgery and its consequences.	Current health condition and state of the recovery. Medication, psychology and other concerns.	Current health condition and state of the recovery. Medication, psychology and other concerns.	Current health condition and state of the recovery. Medication, psychology and other concerns.
Staff goals	Diagnosis. Identify the condition. Time pressure is critical to increase survival chances.	Diagnosis. Assess the ECG	Re-establish blood flow and stop the infarction.	Give proper and enough information before the discharge to ensure a proper initiation to the recovery	Supervise patient progress and condition.	Receive patient input and solve doubts regarding the patient treatment/condition.	Identify the patient psychological needs and causes. Give the proper treatment/support.	Identify the patient sexological needs and causes. Give the proper treatment/support.	Perform the surgery.	Receive patient input and solve doubts regarding the patient treatment/condition.	Receive patient input and solve doubts regarding the patient treatment/condition.	Receive patient input and solve doubts regarding the patient treatment/condition.