

The use of cardiac implantable electronic devices (CIEDs) is becoming more and more common. While these devices extend and improve people's lives with minimal problems in most cases, for patients who experience infections related to their devices, gaps and delays in guideline-recommended care can lead to preventable illness, disability and death. Data has shown that these kinds of gaps and delays in guideline-recommended care are all too common.¹ Improved awareness and timely diagnosis are essential to help save lives. The American Heart Association has launched an initiative to improve awareness, detection, diagnosis and treatment of <u>CIED infection</u> through a two-year effort including a National CIED Infection Summit and a National Health Care Professional Education Plan. In March 2022, the AHA, led by a nine-member planning committee, convened multidisciplinary stakeholders at the in- $|_{etr} + \frac{\pi}{2} + \frac{\pi}{2} d_{er} + \frac{\pi}{2} q g_{er} d_{er} d_{er}$ major problems to solve and three preliminary actionable solutions:

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 preventable morbidity and mortality.

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Health care burdens related to CIED infection are substantial¹; health systems could provide higher-value care by addressing this problem. multidisciplinary teams of health care professionals, administrators and patients on CIED infection and guidelinedirected care.

between multidisciplinary physicians and administration to create streamlined care pathways.

between patients and physicians so patients are engaged, well informed and promptly referred for guidelinedirected treatment for CIED infections. The annual rate of CIED infections increased from 1.53% in 1993 to 2.41% in 2008.⁵

6.2% of patients will experience an infection within 15 years after having a device implanted and 11.7% will by 25 years.²

Identifying

the most critical problems across clinical settings and connecting the dots for clinicians, including the role of informatics.

Making recommendations for enhancing systems of care.

Learning from consumer and health care professional initiatives in other diseases. Infections are a lifelong risk for patients with CIEDs, but prompt, expert, guideline-directed treatment can reduce the impact of infections on patients' li(en-US) on