

The Italian Model

Some Italian hospitals have specialist units within their cardiology departments, which are managed by cardiologists and run by a team of specialised medical and support staff. These units are referred to as 'Syncope Units'.¹

Once a patient is referred to the Syncope Unit they will have preferential access to all the other facilities in the department and can therefore promptly undergo any investigation considered useful; they may also be admitted to the cardiology ward or intensive care unit, if necessary. When appropriate, other specialists, e.g. neurologists, are involved in patient management and non-cardiological examinations are performed. Patients may be referred from the emergency department, in-patient services or out-patient clinics.

In hospitals with Syncope Units, overall management of syncope has been found to be considerably better compared to those without.² The number of unnecessary investigations was found to be reduced and the number of tests leading to diagnosis was increased.³

References

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2. Brignole M, Disertori M, Menozzi C, et al. The management of syncope referred urgently to general hospitals with and without syncope units. *Europace* 2003; 5: 293–298
3. Croci F, Brignole M, Alboni P, et al. The application of a standardized strategy of evaluation in patients with syncope referred to three Syncope Units. *Europace* 2002; 4: 351-356