

LEADING A HEART TEAM: ESSENTIAL LEADERSHIP SKILLS FOR
EVERY CARDIOLOGIST

Richard Ishmael MBBS, FACC.
President, Caribbean Cardiac Society.



POPULATION:

44,463.000

| Spanish | French | Dutch | English |
|--------------------------------|-------------------------------------------------|------------------------|---------------------------|
| Cuba: 11,270.000 | Haiti: 10,846.000 | Aruba: 102.911 | Barbados: 284.000 |
| Dominican Republic: 10,648.000 | Martinique: 392.000 | Bonaire: 16.541 | Bahamas: 337.000 |
| Puerto Rico: 3,686.000 | Guadeloupe: 388.000 | Curacao: 153.500 | Jamaica: 2,700.000 |
| | French Guiana: 244.000 | Sint Maarten: 38.976 | Trinidad: 1,300.000 |
| | St. Martin, St. Barts and Marie-Galante: 45.000 | Saba: 38.976 | OECS Countries: 1,000.000 |
| | | Sint Eustatius: 38.976 | Cayman Islands: 58.000. |
| | | Total: 310.000 | T and C : 33.000 |
| | | | BVI and USVI: 132.000 |
| | | | Belize: 300.000 |
| | | | Guyana: 770.000 |
| Total: 25,604.000 | Total: 11,915.000 | | Total: 6,614.000 |

ENGLISH SPEAKING CARIBBEAN

Barbados: 284.000

Bahamas: 337.000

Jamaica: 2,700.000

Trinidad: 1,300.000

OECS Countries: 1,000.000

Cayman Islands: 58.000.

T and C : 33.000

BVI and USVI: 132.000

Belize: 300.000

Guyana: 770.000

Total: 6,614.000

LEADING CAUSES OF DEATH IN BARBADOS

- Cardiac disease. 30%
- Malignant neoplasms. 22%
- Cerebrovascular disease. 15%
- Diabetes mellitus. 8%
- Other causes. 25%

LEADING CAUSES OF DEATH IN THE USA

- Cardiac disease 37%
- Malignant neoplasms. 23%
- Cerebrovascular disease 7%
- Other causes. 33%

LEADING A PIONEERING HEART TEAM

- Returned to Barbados in 1982.
- Board certified in Pediatric Cardiology. Trained also in Adult Cardiology.
- Population of Barbados: 280,000.
- Population of English Speaking Eastern and Southern Caribbean: 3 million.
- No Ped Cardiologists in the region. A few Internists with an interest in Cardiology.

LEADING A PIONEERING HEART TEAM

- Public Hospital. (The Queen Elizabeth Hospital).
600 beds.
- Few ECG machines.
- New ATL 2D Echo Machine.
- No Cath Lab.
- Special Procedure Room in X-Ray Dept. with cut film angiograms.
- Six bed MICU.

CARDIOLOGY PATIENT POPULATION

- Large numbers of untreated CHD
- Large numbers of untreated RHD.
- Large numbers of patients with Stroke.
- Increasing numbers of patients with IHD.
- Moderate numbers of patients with Acute Rheumatic Fever, Leptospirosis and its cardiac complications and Infective Endocarditis.

LEADING A PIONEERING HEART TEAM

- Focused initially on accurately diagnosing patients with CHD and RHD.
- Patients prioritized and surgery arranged at Hospitals in NY at significantly subsidized cost.
- Help from NGO's.
- Expanded to visit surrounding islands with portable echo machine.
- Approx. 500 pts. from the region referred for surgery or intervention from 1982-2005.

DEVELOPING A CARDIAC PROGRAM

- Once back log of CHD and RHD patients were coming down.
- Needed to set up program locally to deal with the increasing numbers of patients with CAD.
- Lobbied Government and the Private Sector.
- Set up Invasive Cardiac and Cardiac Surgical program in public hospital (in 1993) with help from an established program in NY). Trained cardiac surgeon, anesthesiologist, nurses and technicians in NY and came down with a team at the start up of OHS.
- Worked well for 5-8 years, with 120-150 cath/yr and 50-60 OHS/yr.
- Equipment not well maintained with the cath lab down a lot after 5 years so that the cath and surgical numbers fell and unable to establish interventional program.

LEADING A PIONEERING HEART TEAM

- Hence, switched focus and developed Invasive and Interventional Programs (Congenital and PCI) in private sector.
- Patients with chronic stable CHD and rheumatic and degenerative valve disease and chronic stable IHD are adequately treated.
- Patients needing Pacemakers, Defibrillators, EP studies and ablations are adequately treated.

MAJOR CHALLENGE

Treatment of patients with ACS

- Unable to adequately set up a Thrombolytic, Pharmacoinvasive or Primary PCI program in the public system.

Reasons:

- Inadequate ambulance service.
- Inadequate triage chest pain clinic in ER.
- Inadequate numbers of critical care beds.
- Unable to convince “politicians” of its importance even though the mortality for Acute MI is very high.
- Now in the process of setting up ACS program in the private sector.

FUTURE

- Succession Planning.
- Training Young Cardiologists (Adult and Paediatric). (Done)
- Advocacy to Governments to provide the Infrastructure in Public Hospitals to adequately treat patients with ACS.
- Help from ACC with Advocacy.