



# CARDIAC CARE

FOR NURSES, NURSE PRACTITIONERS, CLINICAL NURSE SPECIALISTS *and* PHYSICIAN ASSISTANTS

## In This Issue

**Saving Lives Begins with Safety**

**PhRMA Announces Prescription Assistance Program**

**ACC '05 Online Brings Sessions to Your Desktop**

**Letters About ACC '05**

**More on Women and Heart Disease**

**Discover Cardiosource**

**To the Cardiac Care Team**

From Ellen Langrehr

## Saving Lives Begins with Safety

“Remember, patient safety is everyone’s business,” says the message on Debbie Buzzard’s voice mails at St. Mary Medical Center in Apple Valley, Calif. And, at St. Mary, the whole staff agrees with her as they tackle a tough safety agenda with a multidisciplinary approach, all in the interest of saving more lives.



### IHI'S SIX QUALITY IMPROVEMENT CHANGES

- Deploy Rapid Response Teams
- Deliver Reliable Evidence-Based Care for Acute MI
- Prevent Adverse Drug Events
- Prevent Central Line Infections
- Prevent Surgical Site Infections
- Prevent Ventilator-Associated Pneumonia
- Prevent Ventilator-Associated Pneumonia

Debbie Buzzard, R.C.P., is Patient Safety Goals Officer for the facility, which has joined two major safety initiatives as part of its safety campaign. They participate in Medicare’s Hospital Quality Incentive Demonstration Project (HQI), which involves publicly reporting patient outcomes. “St. Mary Medical Center will be report-

ing on three cardiac-related populations — AMI, CHF & CABG — as well as two others,” says Pat Lucken, R.N., M.S.N., director of Cardiac Service Line.

St. Mary Medical Center is also one of the medical groups contributing its efforts to the Institute for Healthcare Improvements’ 100,000 Lives Campaign, which seeks to save 100,000 lives by June 2006.

The IHI campaign is in motion at St.

**SEARCHING FOR VOLUNTEERS**

The International Outreach Program at St. Jude Children's Research Hospital is looking for volunteer nurses to help facilitate and develop training for nurses in their international nurse training centers. Volunteers work both abroad and in the U.S. For more information go to [www.stjude.org/international-volunteer](http://www.stjude.org/international-volunteer) or contact [Carmen.Sandoval@stjude.org](mailto:Carmen.Sandoval@stjude.org).

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**Saving Lives with Safety (continued from cover)**

Mary Medical Center. "This campaign complements our already active safety program. We plan to develop a rapid response team. We are also using software to pilot-trial a system that tracks patient orders as they are transferred between units, streamlining the process as part of our medication reconciliation process," comments Buzzard.

Other safety steps include:

- Using Dial-A-Flow tubing in place or an infusion pump for all intravenous therapy.
- Eliminating the Forbidden 12 Abbreviations for drug orders and using preferred safe practice abbreviations.
- Implementing the "Red Vest Program." Nurses wearing the red vest while preparing and distributing medications are assured of not being disturbed by anyone, including doctors, during that time.
- Enhancing patient education about their medica-

tions and sending them home with a complete medication list at discharge instead of a "continue home meds" notation.

To find out more about St. Mary's safety program, contact Pat Lucken at [luckenpl@stjoe.org](mailto:luckenpl@stjoe.org). To learn more about the 100,000 Lives Campaign, go to [www.ihl.org/ihl/programs/campaign](http://www.ihl.org/ihl/programs/campaign).

For more information about the Forbidden 12 Abbreviations, go to [www.npsf.org](http://www.npsf.org). ■



**PhRMA Announces Prescription Assistance Program**

Health care providers, frustrated with trying to help needy patients with their medication and insurance needs, have a place to go now.

PhRMA has created the Partnership for Prescription Assistance (PPA) program to make it easier for patients to learn about and get access to programs that provide free or reduced-price medicine to those in need.

The new program, which launches April 5, 2005, provides a:

- One-stop portal for information about more than 275 public and private assistance programs for patients with

varying needs, such as low-income or uninsured.

- Toll-free phone number that patients, caregivers and providers may call to speak with trained operators, who help them begin the application process for the programs.

For more information, go to [www.phrma.org](http://www.phrma.org).

**ACC '05 Online Brings Sessions to Your Desktop**

Starting April 12, 2005, all ACC members and ACC '05 attendees will have free access to more than 1,000 ACC '05 sessions and presentations. To find out more, go to [www.acc05online.acc.org](http://www.acc05online.acc.org). ■

## Letters About ACC '05

The Late Breaking Clinical Trial sessions were extremely valuable for me. Living in Alaska, there can be a significant lag in obtaining the facts.

I found the informal exchange of information in the Brown Bag and the Meet the Experts sessions very useful. Specific sessions I found most valuable were: #76: Read with the Experts: Quality Imaging in the Challenging Patient; #44 : Plumber, Electrician, or Medical Examiner; #202: Treatment of In-stent Restenosis and #505, Efficient Care and Treatment of Acute Chest Pain.

I found all of Noel Bairey Merz's talks on women and heart disease impressive. I was also impressed with the APO E gene and the dietary implications. Because I direct a cardiac rehabilitation program and do research, the information was invaluable.

I have to say that I was disappointed

I really enjoyed the panel discussion approach because medicine is an art. We have to keep practicing it, and maybe one day we will get it right. There are so many ways to approach any one patient and each of the panel members discussed various ways to manage the same patient.

Finally, the CCA guide put together by Ellen Langrehr was very valuable to a first time attendee.

– *Maggie Barnett, C.N.P., Alaska Heart Institute, Anchorage*

with the lack of attention paid to cardiac rehabilitation and the lack of handouts with slide reproductions.

– *Patricia Lounsbury, C.R.N., program director, IA Champs, University of Iowa Hospitals and Clinics, Iowa City.* ■

## More on Women and Heart Disease

These additional study results about women and heart disease were discussed at ACC '05:

- Results from the Study of Women Across the Nation (SWAN) revealed that an increase in androgen levels in perimenopausal women may be a new risk factor for the accumulation of visceral adiposity and CV disease risk. Additional data revealed that coronary artery and aortic calcium correlated significantly with the changes in hormonal balance. The correlation remained significant after adjusting for age, obesity and Framingham Risk Score.
- Rita F. Redberg, M.D., F.A.C.C., presented data that highlighted the need for more sex-specific data to better treat CV disease in women. She said that risk determination is the key to individualizing CAD prevention

strategies and looked at the role of electrocardiogram and cardiac imaging modalities as a means for diagnosis and risk assessment for both symptomatic and asymptomatic women with suspected CAD. Currently, the most common risk stratification tool for asymptomatic women is the Framingham Risk Score.

- Noel Bairey Merz, M.D., F.A.C.C., reviewed the results of the WISE study and summarized with these main points: (1) Cross sectional research suggests that much of non-surgical menopause-related increase in CHD is actually age-related; (2) Estrogen deficiency in young women appears to be a risk for angiographic CAD; (3) Hormone replacement therapy may be beneficial in perimenopausal women, but additional study is needed. ■

### COMING IN MAY

JACC feature article "Diets and Cardiovascular Disease: An Evidence-Based Assessment"

Send comments to [cardiologyeditor@acc.org](mailto:cardiologyeditor@acc.org). Please include editor in subject line.

**Note:** The article "Behavioral Cardiology: The New Frontier?" in March *Cardiac Care* was written by Jacqueline Gannuscio, M.S.N., A.R.N.P., who is clinical director, Heart Failure Service, New England Heart Institute, Manchester, N.H.



Jacqueline Gannuscio

## Discover Cardiosource



Suzanne Hughes

*By Suzanne Hughes, M.S.N., R.N.*

From newly-released guidelines to recent articles in *JACC* to late-breaking clinical trials at the ACC's 2005 Scientific Sessions in Orlando, cardiovascular disease in women remains a prominent theme.

In Late-Breaking Clinical Trials presented on March 7 at ACC '05, Paul Ridker, M.D., F.A.C.C., announced the results of the Women's Health Study (nearly 40,000 women age 45 and older), which explored the use of low-dose aspirin respectively in primary prevention. Low-dose aspirin (100 mg. every other day) was associated with a nonsignificant reduction in the risk of major cardiovascular events over a 10-year follow up period.

Low-dose aspirin reduced the risk of stroke, one of the individual endpoints, by 17 percent. Aspirin did, however, show a "consistent" benefit in reducing the risk of major

cardiac events, ischemic stroke and myocardial infarction in the subgroup of women 65 years and older.

In spite of the national campaigns to improve care for women with cardiovascular disease, a recent examination of the CRUSADE (Can Rapid Risk Stratification of Unstable Angina Patients Suppress Adverse Outcomes with Early Implementation of the ACC/AHA Guidelines) data indicates that gender disparity in treatment remains an issue. This study, published in the March 15 issue of *JACC*, demonstrated that despite presenting with a higher risk index, women with non ST segment elevation acute coronary syndrome were treated less aggressively than men.

In the same issue of *JACC*, a study by German researchers suggests that women may have more to gain than men when undergoing primary percutaneous coronary intervention (PCI). This study examined 202 women and 561 men with acute myocardial infarction who underwent primary PCI in three different randomized trials. The proportion of the baseline perfusion defect that was reversed, or salvaged, by acute therapy was higher in the female patients.

Read about these and other studies at [www.cardiosource.com](http://www.cardiosource.com). ■

## To the Cardiac Care Team



Ellen Langrehr

Now that ACC's Annual Scientific Session '05 has concluded, we celebrate the success of CCA's involvement in the program from planning to being invited speakers. Work is beginning already on ACC '06. Carolyn Lekavitch from Duke University joins Barbara Fletcher and me as your CCA representatives on the Annual Scientific Session Program Committee (ASSPC) that will meet June 6 – 7 at the Heart House in Bethesda, Md.

The Co-Chairs of ACC '06 have communicated to me their commitment to CCA participation in all levels of program planning. I am asking for your assistance in two ways:

First, submit suggestions for the structured sessions. You can do this electronically on ACC's Web site. Go to [www.acc.org](http://www.acc.org), and click on ACC '06. It's important to have your ideas well thought out ahead of time. The session formats are described on the Web site. Include speakers who are not only content experts but also polished presenters. The deadline for submission is Friday, April 22, 2005.

Second, contact me with your ideas for topics, speakers, formats, strategies for networking, how the program can best meet your professional interests, etc. My email is [elangre@wisc.edu](mailto:elangre@wisc.edu), and my voice mail is (608) 263-3321.

In preparation for ASSPC's June meeting, Carolyn, Barbara, and I will read all proposals and suggestions submitted by CCA members. The committee works in topical groups: myocardial infarction/ischemia, arrhythmias, heart failure, valvular heart disease, prevention/hypertension/vascular, interventional, pediatric cardiology/adult congenital, and special topics including outcomes, public policy, information technology, innovative practice models, etc. We will advocate for your ideas within these work groups.

Proposals are seldom accepted as submitted but are edited and combined to create the most interesting and relevant sessions without duplication. Each work group submits a list of suggested sessions to the committee. The Co-Chairs of ACC '06, working closely with talented and experienced ACC staff, then integrate the ideas from all of the working groups and create the final program.

I look forward to continuing our efforts to make ACC '06 the premier educational venue for cardiovascular nurses, nurse practitioners, clinical nurse specialists and physician assistants. Please let me hear from you.

Best regards,

Ellen Langrehr, R.N., M.S., A.C.N.P., C.C.R.N.  
Member, Annual Scientific Session Program Committee