



# CARDIAC CARE

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

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## Improving Physician Comfort with P.A./M.D. Teams

*By Lorick Fox, M.P.A.S., P.A.-C.*

**I**n a cardiology practice, the satisfaction and comfort of referring physicians is critical. It means providing not just superb medical care, but superior service with prompt access and high patient satisfaction. The P.A./M.D. team concept supports all three.

Physician assistants generally have more flexibility in their schedules than their physician colleagues. If a practice leaves open time for urgent referrals, an unfilled slot on the P.A. schedule means less revenue loss to the practice.

However, many referring physicians aren't immediately comfortable with sending a patient to a cardiologist if the initial visit is with the P.A. Physicians who use P.A.s in their practices are well aware that the care is to be indistinguishable because the P.A. consults with the cardiologist.

It is my experience that patients are rarely concerned. They judge based on their satisfaction with the service provided.



Lorick Fox, M.P.A.S., P.A.-C.

Unfortunately, referring physicians who are not used to practicing with a P.A. are often not as confident. Sometimes, a prompt telephone call by the cardiologist to advise the physician of the treatment plan will reassure the referring physician. Some referring physicians require more effort by both the cardiologist and the P.A. to be comfortable.

► **Fox continued on next page.**

## Internal Comparison Measures True Success

*By Pat Lucken, R.N., F.N.P.-C., and Matt Whitehead, R.C.I.S.*

**C**ardiac quality improvement has been a facility-wide project at St. Mary Medical Center (SMMC). In 2003, SMMC, located in Apple Valley, Calif., joined a cardiology quality improvement collaborative in partnership with Lumetra, California's State Quality Improvement Organization. The Center focused on rapid ECG, aspirin and beta-blocker on arrival and initial reperfusion therapy.

The Emergency Department reorganized to rapidly perform an ECG in triage to meet the ACC/AHA STEMI guidelines goal of ten minutes or less. An Emergency Department chest pain order set was developed to ensure that aspirin and beta-blockers were given. This order set has increased aspirin at arrival compliance from 86 percent to 100 percent and beta blocker from 61 percent to 90 percent. PCI times have gone from 42 percent within 120 minutes to 100 percent.

► **Lucken continued on next page.**

**Fox (continued from cover)**

One of the easiest ways to establish the M.D./P.A. team with other physicians is through hospital consults. If the P.A. sees a patient first with the cardiologist not far behind, the P.A. can write the consult. The cardiologist then writes an addendum. After referring physicians read a number of well-written, logical consults by the P.A. and an addendum that demonstrates the cardiologist's involvement, they usually become more comfortable with using a P.A.

Building physician confidence in cardiac care team members such as P.A.s, N.P.s, C.N.S.s, improves patient access, care and satisfaction that will pay off for a long time.

*Mr. Fox has been in practice for 25 years. He is presently in Egypt supporting the U.S. Air Force Peace Vector program. Prior to that, he provided general and critical care cardiology care with the Atlanta Cardiology Group.* ■

**Lucken (continued from cover)**

In 2004, SMMC achieved a mean door to lytic time of 30 minutes and a mean PCI time of 106 minutes. Smoking cessation counseling has gone from 31 percent in 2003 to 89 percent in 2005. As a result, the Center is honoring the SMMC Respiratory Therapy Department, which is managed by Vivian Brooks, R.C.P.

Honoring outstanding performance is part of what SMMC does. The Center routinely displays storyboards as noted here to recognize the importance of the entire cardiac team.

As ED Charge nurse Sean Tyrrell puts it, "It's fun because it is like a game," to see which team can get the fastest numbers for reperfusion therapy. The commitment for cardiac quality improvement at SMMC did not end when the AMI



Venkat Devineni, M.D., F.A.C.C., and Syed Raza, M.D., F.A.C.C.

collaborative ended. AMI care is being benchmarked with the IHI 100,000 lives campaign. SMMC is also participating in the CMS voluntary Hospital Quality Incentive Project along with 271 other facilities across the nation.

Sometimes it is disappointing to compare SMMC's numbers to external databases; however, SMMC has exceeded the Hospital Quality Alliance national average in several areas.

Quality improvement is a continuous process, and true success begins with internal comparison, knowing where you've been and where you're headed.

*Lucken, a CCA member, is director of Cardiac Service Line at SMMC, and Matt Whitehead is director of Cardiovascular Services.*

\*The ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction are available at <http://www.acc.org/clinical/guidelines/stemi/Guideline1/index.htm>. ■

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**Case History: Dr. Raza, April 2005**

11:45 60 yr. male chest pain  
12:10 To cath lab, cardiac arrest times six  
12:57 Stent to RCA. PCI time 72 minutes

**Case history: Dr. Devineni, April 2005**

0650: 46 yr. female chest pain  
0702: 12 lead EKG, I/MI. Aspirin given, Beta-Blocker held low pulse  
07:42 To cath lab, 100% occlusion RCA  
0:819 Stent deployed. PCI time 89 minutes

## CCA Members Take Active Roles in College Activities

More and more, Cardiac Care Associate members are taking their places as members of the cardiac care team in College activities in much the same way they do in their professional lives.

Many are now serving on guideline committees, working groups and task forces, as well as program, product and education committees.

CCA Member	Group
Cynthia D. Adams, N.P.	ACC/AHA Task Force on Practice Guidelines, ACC/AHA WC Update 2002 of Management of Patients with Unstable Angina
Barbara A. Bentz, N.P.	Clinical Electrophysiology Committee
Claire Call, R.N.	Cardiac Care Team Committee
Kathleen A. Dracup, R.N., D.N.Sc.	Cardiac Care Team Committee Publications Committee Workgroup on Multipurpose/Education Area
Barbara J. Fletcher, R.N., M.N.	Accreditation Steering Committee Cardiac Care Team Committee
Beth A. Friday, R.N.	Cardiac Care Team Committee
Brenda C. Garrett, R.N.	Cochair, Cardiac Care Team Committee Education Work Group - Continuing Nursing Education (CNE) Heart House Advisory Group of the Task Force on Property
Eileen M. Handberg, Ph.D., A.R.N.P.	Accreditation Steering Committee
Suzanne Hughes, M.S.N., R.N.	Educational Products Steering Committee Prevention Task Force
Peggy L. Kirkwood, N.P.	Heart Failure and Transplant Committee
Ellen A. Langrehr, R.N., A.C.N.P., C.C.R.N.	Annual Scientific Session Program Committee
Carolyn Lekavich, N.P.	Annual Scientific Session Program Committee Clinical Cardiology Spotlight Planning Committee
Jane Ann Linderbaum, N.P.	ACC/AHA Task Force on Performance Measures Education Work Group - Educational Programs Steering Committee
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## Discover Cardiosource



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

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

It has been almost two months since the launch of the new Cardiosource site on June 15. We know that many of the CCA members are using the site and enjoying the full access that is available to all members with the new launch of a great member benefit. If you have not already visited the CCA page, I hope you will find the time to check it out. The CCA page can be reached by the top tab on the left navigation bar at <http://www.cardiosource.com>.

This page houses information of particular relevance to nonphysician members. In addition to directing CCA members to articles of interest on Cardiosource, we are including links to other sites that may be helpful in your clinical practice. This includes summaries of recent subspecialty nursing meetings, patient education tools, and links to any newly released relevant guidelines or consensus statements.

For those of you working or interested in women's heart health, we recently posted a summary of several

surveys that may be of interest. A survey by the Kaiser Family Foundation about the state of women's health care noted particular gaps related to age, poverty levels and chronic illness.

A second survey reported by the Society for Women's Health Research again confirms that although we are making gains, most women do not count heart disease among their major health concerns.

Finally, a Harris Interactive survey demonstrates that women don't know as much as they need to about their cholesterol levels.

Other major benefits on Cardiosource include the Clinical Images Library, the Epocrates Rx Online and Clinical Practice Tools.

The College is committed to making the benefits of ACC membership valuable and usable for the CCA members. Cardiosource is one of your most valuable member benefits. We hope you will take advantage of full access to Cardiosource and send your suggestions about other resources to me ([suzyhug@aol.com](mailto:suzyhug@aol.com)). ■

## To the Cardiac Care Team

I have had the honor and pleasure of serving on the ACCF/AHA Joint Heart Failure and Transplant Committee as a heart failure nurse practitioner and a Cardiac Care Associate member. This is the first year that CCA members have been appointed to national committees.

Part of my role has been to help identify CCA members who would be excellent speakers on HF and transplants for ACC.06. I also participated in the committee's recent work to develop a response to the Centers for Medicare and Medicaid Services regarding appropriate use of nesiritide for persons with heart failure.

The contributions that Cardiac Care Team members make to the care of patients can have a huge impact on patient outcomes. The Heart Failure Guidelines, Data Standards and Performance Measurements that are addressed in this issue are vital to enhancing our treatment of heart failure patients.

Currently, about five million Americans are living with heart failure and more than 500,000 new cases are

diagnosed each year. Mortality from heart failure continues to be 50 percent within five years.

Evidence-based clinical practice guidelines are essential to improve quality of care. Many CCAs are nurse practitioners, clinical nurse specialists, physician assistants or nurses working with heart failure patients. I encourage you to review these documents and incorporate these practices into the care you provide. Using the information will positively affect our patients' outcomes.

As a CCA member, we can contribute on many levels by participating on committees, task forces or work groups. I encourage you to nominate yourself or a colleague by going to the website at [www.acc.org/ccainvolved/involved.htm](http://www.acc.org/ccainvolved/involved.htm). Let your voice be heard!

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