



CARDIAC CARE

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

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Improving Patient Care with Technology

No one is better positioned to enhance provider-patient communication following an ICD implant than cardiac care associates. Immediately following an ICD implantation, patients must digest massive amounts of information in a short period, which can cause apprehension and noncompliance.



First Things First

"The day after the implant, I go into the room, talk to the patient, evaluate the performance of the device, and walk through some patient education," said Melanie T. Gura, R.N., M.S.N., C.N.S., director, Pacemaker and Arrhythmia Services, The Heart Group, Inc., Akron, Ohio.

Initial information includes the basics, such as a summary sheet with discharge instructions and outlining the do's and don'ts of the early post-op period.

"We also talk about the sources of electromagnetic interference with patients, provide them with medical ID cards, and teach them what to do if they have to travel through airports," she said.

Using Industry Information

In addition to manufacturer information, Medtronic publishes a useful packet that includes a booklet, a video and a device

sample for patient use at home.

Using multiple resources to communicate with patients is crucial considering patients frequently admit to feeling confused and bewildered after leaving their doctor's office.

The good news is that several options exist to address the confusion.

Adding Technology

Technology is not only good for improving patient care, it also improves patient communication.

Gura generally refers patients to various resources on the Internet. "There are some fabulous sites," she said. However, you always have to be careful to watch the integrity and accuracy of the information on the web.

"With access to the Internet, everyone can be informed today, and you can search just about anything you want on the web," said Gura.

Improving Patient Communication (continued from cover)

Gura's top four websites include three from manufacturers. "Guidant actually has a video on that shows how ICDs are made," she said.

Some websites feature success stories from patients with ICDs. Gura also steers patients to support groups.

"There are even cruises for ICD patients. There's a yearly conference for 'battery-operated people on earth,'" said Gura.

Some of the newest technology coming out allows patients to be evaluated remotely, a potential benefit for both patients and physicians. Remote monitor-

GURA'S TOP WEB SITE CHOICES

- www.guidant.com
- www.medtronic.com
- www.sjm.com
(St. Jude Medical)
- www.hrspatients.org
(Heart Rhythm Society)

ing could ultimately be the wave of the future, noted Gura. ■

CCA Reception at the Annual Scientific Session

Plans are in the making for a reception for cardiac care associates during the upcoming Annual Scientific Session, March 6 – 9, 2005, in Orlando. Stay tuned for more information.



Plan Your Personalized ACC '05 Online Schedule

You'll find more than 500 educational sessions at the ACC 54th Annual Scientific Session — not to mention special events, some designed especially for CCA members.

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Question of the Month

How has e-mail changed the way you provide follow-up patient care, patient information?



Maggie Barnett

Optimizes Long-Distance Care

Many health professionals use e-mail for office communication. Some use e-mail for patient-provider communication, and a few practices have switched to an electronic medical record. In the largely rural state of Alaska, with limited roadways and many villages dependent solely on air transportation, long distance communication can prove challenging for medical providers. E-mail has quickly become established as the dominant communication method in our medical office setting for managing prescription renewals, laboratory and test results, referral authorizations, and as a means to answering patient concerns. It is important, however, that guidelines relating to security and confidentiality be in place for the appropriate use of e-mail. In January, our office will begin the transition to electronic medical records. This will provide us with a secure, easy and accurate method to communicate by e-mail with our patients, as well as placing a copy of the e-mail directly into the patients' medical record. Since most of our patients have access to e-mail, we anticipate communication will be greatly enhanced.

*Maggie Barnett, N.P.
Anchorage, Alaska*



Chad Kent

Increases Efficiency?

Can a simple thing such as using e-mail increase efficiency in an office practice? As my ethics professor was fond of saying, "that depends." The latest Harris poll (www.harrisinteractive.com/harris_poll/index.asp?PID=433) shows that about 70 percent of Americans are now online and use e-mail

frequently. Other polls indicate that people over the age of 50 are the fastest growing users of the Internet. Therefore, there is a very good chance that about 70 percent of cardiac patients have access to e-mail. Looking at these numbers, and adding in the capability of pulling information from an e-mail into a database, there is a huge potential here for doing follow-up on a large portion of the cardiac population. On the flip side, information can be sent to the patients very quickly and at little or no cost to the office. This seems to be a two-way, win-win situation, but it is yet to be seen just how it all will play out.

*Chad Kent, R.N., B.S.
Everett, Wash.*



Julie A. Liston

For Internal Use Only

The Internet and e-mail communication have certainly had an enormous impact on private and corporate life, and the health care profession is no different. In our private cardiology practice, we rely on intra-office e-mail as our premier form of communication for our staff. It saves us time and helps prevent errors in communication. Our nursing staff utilizes the intra-office e-mail system to post questions to our cardiologist when he is out of the office performing invasive cardiology procedures. This not only saves time, it increases our ability to provide efficient follow up patient care when the physician is out of the office. Although we use e-mail extensively for our staff, we do not have e-mail communication with our patients. Our main form of communication with our patients is through either telephone or face-to-face interactions. This continues to work well for our private, solo-practitioner cardiology practice.

*Julie A. Liston, R.N., M.S.N., C.C.R.N.
Helena, Mont. ■*

cardiosource
American College of Cardiology & Elsevier

New on Cardiosource:
Cholesterol Management Clinical Collection

www.cardiosource.com

Supported by
MERCK / Schering-Plough
PHARMACEUTICALS

Highlights from Cardiosource

Current Clinical Collection: Practice Quality Improvement Online

The new Clinical Collection on Practice Quality Improvement highlights basic concepts related to measuring and improving quality in current practice and presents controversies in areas of quality. Key topic areas with highlights follow:

What's New

- **Nov. 8** – Outcomes of Percutaneous Coronary Interventions Performed at Centers Without and With Onsite Coronary Artery Bypass Graft Surgery (*JAMA*)
- 2004 SCD-HeFT Cost-Effectiveness Study (SCD-HeFT Cost-Effectiveness Study)
- **Oct. 24** – Little improvement is found in cardiovascular preventive care with frequent performance reports and guideline reminders. (*Ann Intern Med*)

Clinical Trials

- ACC AMI GAP: American College of Cardiology Acute Myocardial Infarction Guidelines Applied to Practice Study
- Guidelines Applied in Practice in Medicare Patients With Acute Myocardial Infarction

Basic Review

- Do physicians follow guidelines?
- Practice Quality Starts at Home

Current Controversies

- Are practice guidelines a professional responsibility or professional liability?
- Do We Need Guidelines for Different Ethnic Groups in Hypertension?
- Recent Initiatives in Cardiovascular Care Quality — The Future is “Pay for Quality” and Increasing Transparency.

Listen Online — Conversations with Experts

The following 30-minute conversations with experts are moderated by Adolph Hutter, M.D., and free to all ACC members. They, along with others, are now available for listening or reading:

- “The Effects of Anti-hypertensives in New-onset Diabetes” with Stevo Julius, M.D. and Carl Pepine, M.D.
- “A-HeFT: Clinical Implications for Heart Failure Patients” with Keith C. Ferdinand, M.D.
- “The Clinical Importance of Left Ventricular Mass in Hypertension” is scheduled Dec. 8. Online at www.conversations.acc.org ■

To the Cardiac Care Team



Barbara Fletcher

“Years from now, we may not remember all our patients, but they will all remember us.”

– Diana Grobman, R.N.

Dear Cardiac Care Colleagues:

As we gear up to handle the 500,000 new patients eligible to receive implantable cardioverter defibrillators as a result of the new CMS decision, we also must

prepare to offer the best patient information we can.

But in today's high-tech, fast-moving health care environment, communication between patients and health care professionals is often strained by language, time, stress and literacy. An April 2004 report by the Institute of Medicine stated that 90 million adult Americans – nearly half the population – have difficulty understanding the health information they get from their doctors. *Health Literacy: A Prescription to End Confusion* further reports that a higher rate of hospitalization and use of emergency services exists among patients with limited health literacy.

Such confusion can lead to diminished care. For example, the report includes the case of a 64-year-old man who stopped

taking all seven of his medications because he objected to taking so many pills and because he was confused about how to take them.

What does all this mean to nurses, physician assistants, clinical nurse specialists and physician assistants? For one, it means our role in enhancing patient communication is ever more critical. We assist both doctors and patients when we break through the “medicalese” and leave patients with a clear translation of their doctors' instruction. Because we spend more time with patients, we have a greater opportunity to hear and answer patients' confusion. In doing so, we strengthen the team and deliver higher quality of care to patients.

Finally, Nanette Wenger, M.D., and I will be presenting an example of team approach and communication for “Management of Patients with Angina” in the Meet the Experts session at ACC '05. We hope to see you there.

Sincerely,

Barbara Fletcher, R.N., M.N., F.A.A.N.
University of North Florida School of Nursing
Jacksonville Beach, Fla.