



Cardiac Care

FOR NURSES
NURSE PRACTITIONERS
CLINICAL NURSE SPECIALISTS
AND PHYSICIAN ASSISTANTS

Synchronizing Care for Consistency

By Freddie Thronson Jr., A.R.N.P.C., M.S.N.



Generally, nurse practitioners (NPs) and physician assistants practice within protocols shaped to a great degree by established guidelines, such as those from ACC/AHA. The guidelines and now performance measures provide many tools that facilitate the process of improving clinical care.

As a nurse practitioner working with six cardiologists and two other NPs I may see as many as 3,000 patients a year. Many of them are seen for the first time in the emergency department by one of the NPs. Because the majority of our cardiologists are interventionalists, having an NP in the emergency department helps with the prompt response, assessment, and communication necessary when evaluating an acute STEMI/NSTEMI patient.



Freddie Thronson, Jr.

Our cardiologists know that when patients are evaluated by one of their NPs, the ACC/AHA guidelines are being followed, which contributes to consistency in patient care and preparation. These new STEMI/NSTEMI performance measures will impact our practice directly because they provide additional directives for us to follow when handling STEMI/NSTEMI patients.

Our practice also has a research arm, and I would hope that we are able to conduct data collection, validation and qualitative analysis using the vehicle of these performance measurements. The data would help us to evaluate how effectively our adherence to ACC/AHA guidelines and performance measures can improve healthcare quality.

I highly recommend that all CCA's review the ACC guidelines routinely and become familiar with them. Discuss them with the cardiologists in your practice, too. Maintaining open lines of communication about procedures will ensure that everyone delivers optimal care.

I look forward to reviewing the new STEMI/NSTEMI guidelines in more depth, reviewing them with my colleagues and incorporating recommended changes. I believe the performance measures will assist in quantifying specific actions for both inpatient and outpatient settings. ●

Freddie Thronson is with the Northwest Florida Heart Group PA, Pensacola, Fla.



Tracking Performance for Quality

By Patricia Lucken, R.N., M.S.N., F.N.P.C.

Approximately two years ago, St. Mary Medical Center in Apple Valley, Calif., joined an Acute Myocardial Infarction Collaborative with the state QIO, Lumetra. We focused improvement was on the emergency department segment of care.



Patricia Lucken

We first worked to standardize the care of the chest pain patients presenting to the emergency department (ED), and we used ACC/AHA guidelines to help us. The results were good. Our door to EKG times fell to under 10 minutes, which resulted in improved PCI and lytic times. We found using a standardized chest pain order set helped us at arrival go from 85 percent to 99 percent and beta blockers from 30 percent to 91 percent. As a result of reviewing the ACC/AHA 2004 guidelines, which include using oral beta blockades, our ED physicians hesitate less in deciding to administer the oral beta blockade, especially if there is borderline bradycardia or hypotension.

We also posted trended outcomes throughout the ED for the medical and nursing staff to see, and we have moved towards the trended results and then tracking individual practitioner practice patterns, which now paves the way for individual self assessments.

Our focus for quality improvement segmentation is now on the discharge end. Performance measures such as fasting lipid testing and lipid lowering have been added to all cardiac order sets. The challenge is now

to work with multiple individual practitioners to use these standardized tools rather than one dedicated group of physicians.

The ACC/AHA STEMI/NSTEMI performance measures seem to be another useful tool in the move towards individual self assessment, which is desirable. The Institute for Healthcare Improvement (IHI) reliability model focuses on “all or none,” performance, not a *partial* score, such as median time. Individual performance should also be tracked by “all or none” and a composite score. Use of median times for reperfusion times only clouds the data. Why not report the percent of times the goal is met? This erases the confusion of outliers and issues of central tendency to the real goal and that is perfection, making the mark each time.

Reliability is defined by IHI as missing the mark only 5 percent of the time. With the relatively few numbers of STEMI patients needing reperfusion compared to NSTEMI, why not make the real goal to achieve 90 minutes or less each and every time? ●

Patricia Lucken, N.P., is director of Cardiac Service Line at SMMC.



100K Lives Campaign at SMMC

St. Mary Medical Center (SMMC) is among the 2,989 hospitals participating in the Institute for Healthcare Improvements (IHI) 100K Lives Campaign. The Campaign has a mission to save 100K Lives by June 14, 2006, 9 a.m. EST, and each year thereafter.

All six of the 100K Lives campaign life-saving interventions have been implemented at SMMC. These interventions include deployment of a Rapid Response Team (RRT), delivery of evidence-based care for acute myocardial infarction patients, prevention of adverse drug events, surgical site infections, ventilator-associated pneumonia and central line infections.

A pilot RRT was introduced in Oct. to the West Medical Surgical unit. A Critical Care RN and

Respiratory Care Practitioner led the team. The team is summoned when staff note a decline in patient status and dial the code line.

Recently, both the RRT and AMI bundles were used in the rescue of a 60-year-old gentleman admitted with pneumonia. The RRT responded to a call for shortness of breath, which was the RRT call "trigger." His EKG showed acute inferior wall MI. He underwent emergency PCI for a total occlusion of his right coronary artery. Considering the mortality of an MI in the field, we feel the patient was lucky to have experienced his MI at the hospital and to be a recipient of the RRT care.

The RRT has encouraged mentoring and teamwork. The staff is pleased with having this backup system in place and feels it is proactive (immediate intervention) not reactive (like a Code Blue). Front-line staff is the reason for its success. The pilot is being spread to our Telemetry units in Jan. and will be global by early spring. ●

**100k
lives**

Making the ACC.06 Connections

ACC.06 and **Innovations in Intervention: i2 Summit**, March 11 – 14, 2006, in Atlanta, are almost here. Make sure to mark down these dates, times and locations for the CCA Reception and for the CCA Lounge.

CCA Lounge

Location: Room A307
Georgia World Congress Center

Dates/Times: Sunday, March 12, 8 a.m. – 5 p.m..
Monday, March 13, 8 a.m. – 5 p.m.
Tuesday, March 14, 8 a.m. – 4 p.m.

CCA Reception

Location: Ballroom 5 & 6
Marriott Marquis
265 Peachtree Center Ave.
Atlanta

Date: Sunday, March 12

Time: 5 p.m. – 6 p.m.

Earn Pharmacology CE Credits in Atlanta

Register today to earn pharmacology CE credits for renewal of your license. Join the American College of Cardiology Foundation for this convenient program, taking place in conjunction with ACC.06 in Atlanta. Expert faculty will cover —

- Systolic and Diastolic Heart Failure
- Hypertension
- Dyslipidemia

“Pharmacologic Management of Heart Failure, Hypertension and Dyslipidemia,” is being offered on March 11, 2006, at the Sheraton Atlanta in conjunction with ACC.06 programming.

The target audience for this program includes NPs, PAs, RNs and physicians interested in obtaining an update on pharmacologic management of heart failure, hypertension and dyslipidemia. Registrants will be able to earn pharmacology CE credits for license renewal.

CCA members Janet Long, M.S.N., A.C.N.P. and Ellen A. Langrehr, R.N., M.S., A.C.N.P., C.C.R.N., are the program directors.

The ACCF is accredited by the Accreditation Council for Continuing Medical Education (ACCME)

to provide continuing medical education for physicians. The ACCF takes responsibility for the content, quality and scientific integrity of this CME activity. This CME activity was planned and produced in accordance with the ACCME Essentials.

The ACCF designates this educational activity for a maximum of 5.5 Category 1 credits towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit he or she actually spent in the educational activity.

The ACCF is also accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This program will offer up to 6.6 contact hours of nursing education. ●

For more information or to register, go to www.acc.org/education/programs or call (800) 253-4636, ext. 8603.



To the Cardiac Care Team

Being a Cardiac Care Associate member of the ACC has provided me with an incredible opportunity to exchange information with fellow nurse practitioners, nurses and physician assistants nationwide.

I live in Alaska and naturally, we are geographically isolated and have very limited interaction with our colleagues in the “lower 48.” However, as a member of the ACC's Cardiac Care team, my Alaskan colleagues and I have access to the acc.org and are able to use its resources such as *Cardiosource.com*, *JACC Online*, the images database, clinical guidelines and performance measures, online education programs and more.

We also receive *Cardiology* magazine and *Cardiac Care* newsletter monthly with important updates and news about the ACC and our professions.

CCA members receive substantial discounts on ACC educational programs, including the Annual Scientific Session and participate in multiple continuing education modules at reduced tuition rates. CCA members can even apply for special travel awards to assist in reimbursement of travel expenses for attending education programs.

The ACC has made great progress in making a home for the nurse and PA members of the Cardiac Care team. Nurse and PA members serve on several ACC committees and work groups and will be speaking at ACC.06, March 11 – 14, in Atlanta. The ACC is now able to provide CEs for nurse members for ANCC-approved courses.

I am a member of multiple professional organizations; however, none of them has been able to provide the quality and timely information that the ACC provides to its members on a daily basis. I encourage you to introduce a colleague to the CCA membership at the College, especially now, because until mid-March 2006, new CCA member applicants do not have to pay the \$25 application fee.

I eagerly look forward to 2006 to see what new, exciting opportunities will be available for the CCA team members, and I hope to see many of you in Atlanta for ACC.06 in March! Happy New Year! ●

Maggie Barnett, N.P., is with the Alaska Heart Institute, Anchorage.