



Cardiac Care

FOR NURSES
NURSE PRACTITIONERS
CLINICAL NURSE SPECIALISTS
AND PHYSICIAN ASSISTANTS

Rapid Response Team Success Adds to a Golden Year

By John Brady, R.N., C.C.R.N., and Pat Lucken, R.N., F.N.P.-C.

A successful first year with its new Rapid Response Team (RRT) has added a special glow to the 50-year anniversary of St. Mary Medical Center in Apple Valley, Calif.

Based on its first year, the St. Mary RRT effort shows outcomes that include a 10 percent drop in the current 12-month rolling average of all-cause mortality — from 1.9 percent to 1.7 percent, both of which are well below the national benchmark of 2.5 percent. Their current third-quarter mortality rate of 1.3 percent continues the downward decline. Overall, there has been a 34 percent reduction in the number of codes per 1,000 discharges during the past year.

Building the RRT

The St. Mary RRT comprises an ICU team leader/break nurse and a respiratory therapist with administrative coordinators as backup. Nursing leaders and educators alike respond to calls, as do members of the hospital's Spiritual Care department. An emergency physician is the team's adviser. The RRT provides an early stage second opinion before a patient's provider is called.

To assist in building the team, St. Mary used sample documentation forms found on the Institute for Healthcare Improvement's Web site (www.IHI.org), which use Situation-Background-Assessment-Recommendation (SBAR) communication, and developed RRT triggers for call activation, also from IHI.

Process Helps Control Outcomes

According to the IHI, you cannot control outcomes, but you can control process.



John Brady



Pat Lucken

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Our process change included teaching staff members the RRT triggers and encouraging them to call the team for a second opinion at the earliest sign of patient decline.

Triggers list several objective vital signs that point to team activation. Only one trigger is subjective — the “nurse concern about patient” trigger. When medical staff questioned this trigger’s rationale, nurses explained, “It’s when the hair on the back of your neck stands up.” Simply put, it is the intuitive sense that something is not right.

Initially, RRT call volume went up but declined as staff began to recognize patterns that prompted them to call the physician themselves rather than call the RRT. However, as codes outside the ICU increased, we encouraged staff members to activate the

entire RRT rather than just one or two members of that team.

Identifying Additional Improvements

Our RRT documentation review has helped identify opportunities to improve processes that result in use of the RRT. For example, review showed an increasing trend of reversal use in opiate analgesia that required assistance from the team. A focus group is now looking at the use of reversal agents outside of the moderate sedation setting, and re-education of medical and nursing staff is ongoing as the team continues to monitor reversal calls. The team also reviews all codes that occur outside of the ICU for missed opportunities for activating the RRT sooner and provides feedback to staff.

Recently, we developed a Standardized Procedure that allows RRT

members to initiate emergency orders while assessing the patient and notifying the provider.

The RRT’s success this year has not depended on standing orders; rather it has been the result of the team members’ eyes, ears, hands and hearts — the spirit of the nursing and respiratory departments. Our success is more than just numbers, too. It’s the lives we are touching and saving.

St. Mary Medical Center’s RRT will continue to review all out-of-unit codes for potential missed RRT triggers and to look for practice trends that can continue to be improved. Our vision for the future is to consider developing a pediatric rapid response team.

Here’s to the next 50 years!

Brady is manager of CCU at SMMC. Lucken is director of Cardiac Service Site at SMMC.

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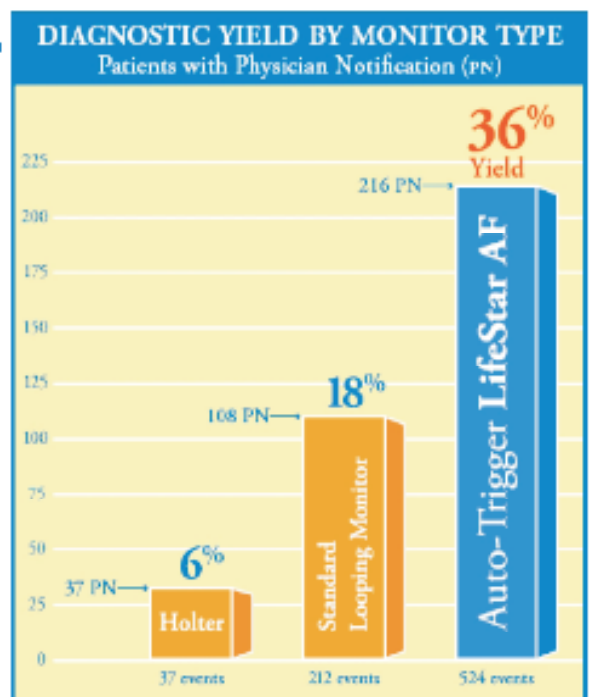
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Looking Ahead at ACC.07 and i2 Summit 2007

By Carolyn Lekavich, N.P., Katherine Hoercher, R.N. and Eva Kline-Rogers, R.N.

We are really excited to tell you that CCA members will find an even broader educational spectrum in the programming for ACC.07 and i2 Summit 2007 in New Orleans, March 24 - 27. Of course, all ACC.07 and i2 Summit sessions are suitable for nurse and physician assistant members, but advanced practice CCA members will find many sessions this year that focus on skill development. For example, some sessions will include simulator time or work on ECG skills and physical diagnosis skills.

This year, the highly successful "Pharmacologic Management of Heart Failure, Hypertension and Dyslipidemia" program returns as a pre-meeting session on Saturday, March 24. During ACC.07, attendees will be able to work through the "Heart Songs Self-Paced Multimedia Experience" program Sunday through Tuesday. We'll also have an ACC.07 Nurses Session Summary this year.

The i2 Summit 2007 Nurse-Tech Program with its excellent sessions focused in interventional cardiology will round out and complete an outstanding selection of educational offerings for CCA members.

Don't forget that all ACC.07 and i2 Summit 2007 sessions will have CE credit for nurses, and physician assistants earn CMEs.

Lekavich and Hoercher are the CCA ACC.07 representatives to the Annual Scientific Session Planning Committee and Eva Kline-Rogers is the i2 Summit CCA representative.

ACC.07

Some of the sessions in the ACC.07 program include Meet the Experts sessions on —

- Challenging Cases in Lipid Management
- Clinical Monitoring of Heart Failure
- How to Optimize a Resynchronization DeviceBrown-Bag

Breakfast and Lunchtime Brown Bag Sessions include —

- Door to Balloon (D2B) Initiatives: How to Make a Difference
- CPX Testing: Live Demonstrations
- Multi-disciplinary Approach to CV Prevention: Practice Models, Procedural and Consultive Services

Symposium and Core Curriculum sessions include —

- Quality Indicators in Heart Failure
- Nonsteroid Anti-Inflammatory Drug Therapy in CV Patients
- Screening for CAD in High Risk Asymptomatic Patients

i2 Summit 2007

The Nurse-Tech@i2 program in New Orleans includes —

Part I: Management of STEMI Patients

- Pre-Hospital, ED Care, Cath Lab Activation
- Cath Lab Management, DES vs. BMS, Adjunctive Therapies

Part II: Hot Topics

- DES: Late Stent Thrombosis
- Structural Heart Interventions: Which Patients, Which Devices?

Part III: Carotid Stenting

- Pre-Procedural Assessment Including Appropriate Patient Selection
- Intra-Procedural Management

Part IV: Pathophysiology & Management of Post Cath Complications

- Vascular Complications, Predictors of Complications, Use of VCDs
- Contrast Nephropathy, Risk Factors, Prevention

Worried about Meeting Expenses? Share a Room!

If you want to attend ACC.07 and i2 Summit 2007 but have a tight budget, consider sharing a hotel room with a colleague. Just follow these instructions to reserve a room for two guests.

If you register online, on hotel registration form:

1. Person reserving the room should request "Number of Guests" as *Two Double*. If you wish, you may add the second person's name in the box provided next to the following text: "**Other Considerations: Use this field to REQUEST any special needs from the hotel. Your request will be forwarded directly to the hotel. Please note that this is only a request to the hotel and is never guaranteed.**"
2. Person sharing the room should use "**If you do not wish to reserve your hotel at this time, please select the reason and click the button below: Sharing a room reserved by someone else.**" In the next drop down box, you will also need to click on the name of the hotel in which you are staying.

If you register by Fax or mail:

1. Person reserving the room should add the name of the person who is going to share the room in a cover letter or write it on the form within "**Special Requests.**"
2. Person sharing the room should check the box on the hotel form: "**No hotel required; sharing with _____.**"

CCA members who are searching for a roommate are encouraged to use the CCA Discussion Board to establish contact with others who are also searching. Go to www.acc.org/membership/cca/home/home.htm to check it out.





Working in Parallel with CVD and Diabetes

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



Suzanne Hughes

Over the last several years, in addition to research and technological advances in cardiovascular medicine, an epidemiologic phenomenon is prompting those of us who care for patients with cardiovascular disease to focus on a new learning need. An alarming increase in type 2 diabetes is requiring us to shift our thinking in chronic disease management and CVD risk reduction. In the past 15 years, a rapidly increasing percentage of cardiac patients have type 2 diabetes.

“We must, in parallel, seek ways to reverse the epidemic of obesity, metabolic syndrome, and diabetes...should we fail in this regard...its complications threaten to undo the advances of atherosclerosis of the past decades.” (Libby and Theroux 2005)

An analysis of the impact of the increase in diabetes on acute myocardial infarction in New York City, for example, demonstrated that in persons admitted for acute myocardial infarction, the percentage with diabetes rose from 20 percent to 35 percent between 1988 and 2002.

The ACC has responded with public education strategies and professional education alike. The “Make the Link!” campaign, a cooperative effort between the ACC and the American Diabetes Association, was launched to raise awareness that heart disease and stroke are the leading causes of death in those with diabetes.

ACC’s Diabetes Education Initiative

Professional education efforts focusing on diabetes are included in many of the college’s learning activities. In 2005-2006, **Allan Brown, M.D., F.A.C.C.**, spearheaded the Diabetes Education Initiative (DEI), an effort to share an algorithm-based approach to cardiovascular risk reduction in patients with diabetes. The content of DEI includes

dyslipidemia and hypertension in patients with diabetes and lifestyle modification and pharmacologic management of hyperglycemia. Management of hyperglycemia has not traditionally been under the purview of the cardiology community, but the sheer numbers of patients with diabetes makes it a necessity now. There are currently 18 million people in the U.S. with diabetes, and only 3,500 practicing endocrinologists.

The DEI program, which was delivered in multiple live venues across the country using venues provided by ACC chapters, is now posted as a Web-based activity on ACC’s Cardiosource. The program includes four modules that carry both CME and CE credit. To access, go to www.acc.org, click Cardiosource, click the Cardiac Care team page and click “CE for nurses.”

Hughes is associate editor and the CCA representative for Cardiosource, ACC’s online education tool.

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Telephone:

(800) 253-4636
or (202) 375-6000

Fax:

(202) 375-7000

E-mail:

cardiologyeditor@acc.org

Web site:

www.acc.org

To subscribe or report a change of address, call (800) 253-4636, ext. 8603.

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Send correspondence and letters to the editor to cardiologyeditor@acc.org.