



CARDIAC CARE

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

In This Issue:

Learning From Sydney

ACC Receives ANCC Accreditation Status

Make the Link! Diabetes and Heart Disease

Discover Cardiosource

To the Cardiac Care Team



Renee Vacanti,
M.S., PA.-C.

On Jan. 11, 2003, my niece Sydney was born. My sister Terri had received standard prenatal care and had a normal delivery. Like many new mothers, she left the hospital confident that her baby was perfect.

Several days later, however, Terri became concerned because Sydney was not eating properly. She spoke to the home nurse, a nurse practitioner and a pediatrician, who all felt the problem to be related to breastfeeding. Terri was not convinced and insisted that the on-call pediatrician evaluate her. By then, Sydney's breathing appeared more shallow and her fingers and toes appeared grey. The evaluating pediatrician sent Sydney to the emergency department for further testing.

During the ten minute ride to Hasbro Children's Hospital, Sydney decompensated and had to be resuscitated. Echocardiography revealed significant congenital heart

► **Sydney continued on page 15**

LEARNING FROM SYDNEY

By Renee Vacanti, M.S., PA.-C..



ACC Receives ANCC Accreditation Status

By Janet Wyman, M.S.N., N.P.

After nearly two years of work by the Education Committee, the American College of Cardiology Foundation (ACCF) has received accreditation from the American Nurses Credentialing Center (ANCC) to offer nursing education credits for ACCF-sponsored programs. This means that all ACCF-sponsored programs that meet ANCC requirements will be able to offer educational credits to all Cardiac Care Associate nurse members.

ONE of ANCC's requirements is that CCA members must be for the program involved in the planning and presenting of ACCF programs for the programs to

► **Accreditation continued on page 15**



Janet Wyman,
M.S.N., N.P.

Cardiac Care

October 2005

Vol. 2, No. 10

Publisher

Christine W. McEntee

Chief Executive Officer

Executive Editor

Sheila Strand

Editor

Anne Dees

Graphic Designer

Ginny Leith

Cardiac Care is published monthly by the American College of Cardiology, 9111 Old Georgetown Road, Bethesda, MD 20814-1699.

Telephone: (800) 253-4636
or (301) 897-5400

Fax: (301) 897-9745

E-mail:

cardiologyeditor@acc.org

Web site: <http://www.acc.org>

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

All contents © 2005.

American College
of Cardiology.

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

EHR Adoption Progressing Slowly

The Medical Group Management Association Center for Research and the University of Minnesota School of Public Health recently published the results of their study on the adoption of electronic health records (EHR) by U.S. medical group practices.

Their research indicates that only 14.1 percent of all medical group practices use electronic health records. Of those, 11.5 percent have EHR fully implemented for all physicians and at all practice locations.

Disturbingly, only 12.5 percent of medical group practices with five or fewer full-time-equivalent physicians have adopted EHRs. Adoption rates increased with practice size —

- 15.2 percent in groups with 6 to 10 full-time-equivalent physicians

- 18.9 percent in groups with 11-20 full-time-equivalent physicians
- 19.5 percent in groups of 20 or more full-time-equivalent physicians

Gans D, Kralewski J, Hammons T and Dowd, B. "Medical Groups' Adoption Of Electronic Health Records And Information Systems." Health Affairs, 24(5); 1323-1333.

Celebrate P.A. Week, October 6 – 12

October 6 is a special day for the P.A. profession because the first physician assistants graduated from Duke University on Oct. 6, 1967. Today more than 55,000 PAs provide health care services to people in the U.S. and internationally.

MAKE THE LINK!

Diabetes, Heart Disease and Stroke

November is Diabetes Month and the American College of Cardiology (ACC) has once again partnered with the American Diabetes Association (ADA) on the Make the Link! campaign in an effort to educate physicians and health care providers about the link between diabetes and cardiovascular disease. Through this initiative, the groups promote prevention of cardiovascular disease (CVD) and its risk factors through better understanding of the ABCs of diabetes disease management.

Please talk with your diabetes patients about their increased risk for heart disease and stroke. Make sure they know that risk

reduction is possible and help them understand that diabetes is more than managing blood sugar — it is managing blood sugar, blood pressure, cholesterol, and other CVD risk factors.

During November's Diabetes Month, the ACC and the ADA will be encouraging diabetes patients to talk to their doctor about their risk for cardiovascular disease, which kills two out of three people with diabetes. For information, go to <http://www.acc.org/Outreach/diabetes/diabetes.htm>.



Sydney (continued from page 13)

defects including coarctation of the aorta with bicuspid aortic valve and a very large VSD with free flow between both ventricles. In essence, left ventricular output was dependent on her patent ductus arteriosus (PDA). When this closed, she developed cardiogenic shock and subsequent multisystem failure. Once stabilized, Sydney was given IV NSAIDS to keep her PDA open. She was then transferred to Boston Children's Hospital where she underwent successful flap augmentation of the aortic arch and VSD repair.

Sydney is now a healthy, precocious two-year-old. She will soon need balloon augmentation of her aortic arch but is expected to live a normal life

thereafter. This would not be possible without the skilled professionals who were there when she needed them.

Sydney's story provides a lesson for all of us. One percent of neonates will be diagnosed with congenital heart disease and only a small percentage of those will present in extremis at the time of diagnosis. It is important for all health care professionals to consider this when a neonate presents at time of PDA closure. Prompt recognition and appropriate treatment is crucial to obtain a favorable outcome.

Renee Vacanti is with The Cardiology Group, P.A., in Mount Laurel, N.J. She is also Sydney's godmother.

Accreditation (continued from page 13)

receive accreditation. Of course, this means increased opportunities for CCAs to become involved in College activities and educational programming.

Achieving this accreditation status has been a long term goal of the CCA leadership. Thanks need to go out to the members of the education team: Barbara Fletcher, Melanie Gura, Ellen McElearn, Eileen Handberg, Janet Long and ACC staff members.

This new benefit enhances the CCA membership category and improves our abilities to combat heart disease. Cardiovascular disease is a multifaceted health illness problem that requires the skill and knowledge of a multidisciplinary approach for successful management. The ability to offer educational credits to all members of the College will enhance the quality of the programs for CCA members and

give all members the opportunity to obtain a better understanding of how to treat this complex disease process.

Janet Wyman is with the Henry Ford Hospital, Grosse Pointe, Mich.

“As an advanced practice nurse, I must earn continuing education credits to maintain my certification. In the past few years, the ANCC (through which I am certified) has required that a growing number of these certification hours are specifically ANCC approved! This can be very difficult because many organizations providing specialty continuing education are not ANCC-approved providers. For that reason, this is a very positive move for the advanced practice nurses who regularly attend educational programs offered through the ACC.”

— Cynthia Adams, N.P.,
Healthy Hearts Center,
The Indiana Heart Hospital, Indianapolis.

ACCSAP 6

Life's a test.
Get answers
ASAP.

You've got questions.
ACCSAP 6 gives you
real life answers for
the way you practice.

Available in three
formats — online,
CD-ROM and print

Order Today!

(800) 253-4636,
ext. 8603

Visit www.acc.org
for more information.



AMERICAN
COLLEGE of
CARDIOLOGY
FOUNDATION

Discover Cardiosource



Suzanne Hughes

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

The news that the College has been approved by the American Nurses Credentialing Center as a provider for continuing education for nurses speaks volumes to the College's commitment to its CCA members. The College dedicated considerable time and resources to this project, which

reflect its efforts to integrate Cardiac Care Associates into the membership and to provide value to the membership.

The College also realizes that while attending face-to-face educational programs is a great venue for both education and networking, travel costs and schedule constraints can pose barriers to attendance for many CCA members. In answer to that concern, plans are in place to begin offering web-based continuing education for CCA members early in 2006 through Cardiosource. We'll keep members updated on the project as it unfolds.

Take a brief look at other sections of Cardiosource and find —

- *Journal Scan* highlights an article from the *New England Journal of Medicine* about low HDL cholesterol levels
- Conversations with Experts includes “Effectively Managing Non-Cardiac Chronic Pain in Patients with CV Disease”
- October 4 *JACC* includes “Gender-Related Differences in Atrial Fibrillation” and “The Forgotten Majority: Unfinished Business in Cardiovascular Risk Reduction”

Because of a *JACC* article “Acute Consumption of Flavanol-Rich Cocoa and the Reversal of Endothelial Dysfunction in Smokers,” be prepared for patients talking about drinking a lot of cocoa or eating dark chocolate — again.

Cardiosource is one of the most valuable benefits that you receive from the ACC. Be sure to make good use of it to assist you in caring for your patients.

Suzanne Hughes is with Women's Heart Advantage, Akron Health & Wellness Center, Ohio. ■

To the Cardiac Care Team



Eileen Handberg

Because we have much more available to us in helping the “smallest” heart patients, many who would have died in earlier times live on to adulthood. Subsequently adult cardiology care providers find themselves dealing with more congenital heart disease care.

In the June 2005 issue of *Cardiology*, Gary Webb, M.D., F.A.C.C., wrote about preparing pediatric cardiology patients for their transition to adulthood and adult care. He called for developing a transition process that begins several years before the transfer to adult care. Adolescents with congenital heart disease need to start learning early to take responsibility for their own health and lives, says Webb. If the pediatric cardiologist has not prepared the adolescent for the transition to adulthood, then it falls on the adult cardiologist and all members of the cardiac care team to prepare the young adult.

An even worse situation occurs if the adult with congenital heart disease never follows through with a

cardiologist after leaving pediatric care. Evidence a recent article in the September 26 issue of the *Boston Globe* newspaper that included anecdotes from patients. That article referred to the *ACC/AHA/AAP Recommendations for Training in Pediatric Cardiology* and pointed to studies indicating anywhere from 10 percent to 50 percent of patients do not follow through with a cardiologist as adults.

As members of the cardiac care team, we need to raise our consciousness levels and be prepared to help these patients, whether we see them as children or as adults.

At the University of Florida we have included a congenital conference in our adult cardiology conference schedule so that we have an interactive case conference. Pediatric cardiologists, adult cardiologists and surgeons all attend to review cases and to discuss the care of these patients. If your program does not include any such activities, perhaps it is time to suggest it.

*Eileen Handberg, Ph.D., A.R.N.P.
Assistant Professor of Medicine
University of Florida, Gainesville*