

100 Million Reasons to Advocate for Excellence

By Janet Fredal Wyman, M.S.N., A.P.R.N., B.C., N.P.

Health statistics can be so impersonal. When we consider the data published for 2004, we find that there were an estimated 79.4 million people with cardiovascular disease (CVD). This statistic includes individuals with hypertension, coronary heart disease (MI and angina), heart failure and stroke.



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We now know that the cardiovascular risk for diabetes patients is equivalent to that for those who have already had a cardiac event. In 2004 there were an estimated 15.2 million Americans with physician-diagnosed diabetes and an additional 5.0 million who were not diagnosed.

If we add the 20 million with diabetes to the 80 million with CVD, we have 100 million people, all of whom need cardiovascular health care with numerous risk factors treated to the “moderate and high risk category” management goals. The estimated U.S. population over the age of 21 in 2004 was 294 million, which comes to approximately one in three adult Americans with CVD. Today we practice in an evidence-based health care environment. Research has been conducted and results are used to define for us the best practices that lead to the best outcomes. We have new standards, guidelines and recommendations published on a regular basis. Our patients, third party payers, and the legal world expect us to know them and follow them — and we all say that we strive for the quality and excellence they signify.

Putting Quality in Personal Context

It may be that 100 million is a number so large that it is impossible to conceptualize. However, it is easy to understand that within my own extended nuclear family of 15 adults, five of us are affected. Five is a manageable number.

How important are those guidelines? The answer is simple when the question is put in context. Would you feel comfortable if your parent presented to an Emergency department with chest pain, an ECG showing a STEMI, and the health care team skipped just one step in the guidelines? Which step would you consider it acceptable to disregard? How about the aspirin? Can it be skipped? Or the heparin? Is that one okay?

What if the ED staff member who performed the ECG on your parent showing ST

segment elevation in the anterior leads didn't hurry it to the physician who was supposed to activate the cath lab, resulting in a 30-minute delay in time to treatment? How much myocardium is acceptable to lose?

I don't want this to happen to anyone I care about, and I believe none of us do. Personally, I expect the staff to know and be current in best practices. It is our expectation — quality.

Recognizing the Quality Team

The ACC has recognized for a while that the best way to facilitate and ensure best practices is for the members of the cardiovascular health community

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to function as a team. They understood that all members of the team need to be knowledgeable about the plan of care, pursue the same guidelines, and practice according to the same high standards. The College also advocates for health policy that promotes cardiovascular health.

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Patients come to us, trusting that we will give them the best advice available, and we are obligated to provide it. If you ever find yourself asking why, remember that there are 100 million reasons and five of them will be sharing birthday dinner with me this weekend.

Wyman is nurse practitioner, Henry Ford Heart and Vascular Institute, Grosse Pointe Park, Mich.