



Cardiac Care

FOR NURSES
NURSE PRACTITIONERS
CLINICAL NURSE SPECIALISTS
AND PHYSICIAN ASSISTANTS



Extending the Care Continuum

By Kathleen K. Zarling, R.N., A.P.R.N.-B.C., F.A.A.C.V.P.R.

The World Health Organization defines cardiac rehabilitation as “the sum of activities required to ensure patients the best possible physical, mental and social conditions so that they may resume and maintain as normal a place as possible in the community.” The holistic framework provided by comprehensive cardiac rehabilitation programs enables patients to return to their optimal level of functioning within the constraints of their disease.



Kathleen K. Zarling

Cardiac rehabilitation programs have been around for more than 30 years. Traditionally, cardiac rehabilitation was designed for patients with ischemic cardiac disease only. Today, patients with a wide gamut of cardiac diagnosis benefit greatly from components of the rehabilitation process. As cardiovascular professionals, we should know the components of comprehensive cardiac rehabilitation and take a leadership role in promoting strong cardiac rehabilitation programs for our patients.

What's Essential

Rehabilitation begins on admission to the hospital and extends across the care continuum into the patient's home, community, primary provider's office and to Phase II cardiac rehab programs. Core components of cardiac rehabilitation programs include:

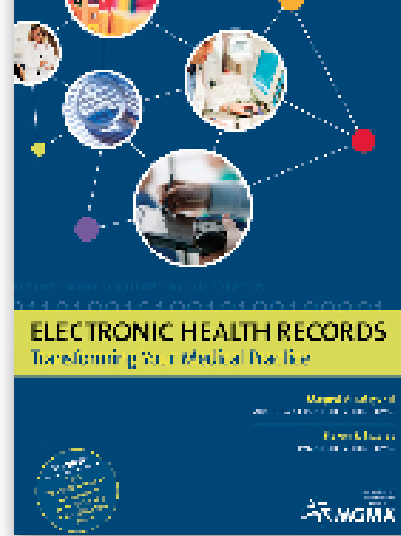
- patient assessment, including risk stratification
- diagnostic procedures, such as exercise testing
- secondary prevention efforts towards lifestyle change
- education about heart disease, risk factors, symptom management, medications, healthy choices, nutrition and weight management

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Book Review

Electronic Health Records: Transforming Your Medical Practice

Margret Amatayaul and Steven Lazarus
©2005, Medical Group Management Association



Reviewed by Dody Lapworth, M.S.N., A.P.R.N.-B.C.



Dody Lapworth

This book specifically focuses on helping medical group practices make decisions about investing in an electronic health record (EHR) system. Many practicing health care providers might surmise that this decision is best left to those who handle their IT functions; however, a clinical background is crucial for determining the requirements, work flow preferences and work flow improvement opportunities.

Many insurance payers have launched pay-for-performance (P4P) requirements that essentially require electronic record queries to meet data reporting needs. Information infrastructures are in the processes of being created on local and regional levels. Nationally, the government is promoting adoption of health information technology for patient safety and enhanced quality of care.

This book offers a broad overview and step-by-step guidance. One chapter is a technical primer of basic computer technology used to support EHRs. There are checklists for decision making, steps for the vendor selection process, budget templates, and guidance for “going live.” Included also are tips for those in administrative roles for establishing appropriate expectations for a return on investment and tips for overcoming resistance to the change processes — which the authors describe as the single greatest barrier to adopting an EHR.

The authors emphasize that an EHR does more than just record data from multiple sources. An EHR functions as the primary

source of information to support clinical decision making at the point of care and also offers decision support for evidence-based health care.

The book ends with a brief review of EHR regulatory and standards requirements with applicable Web sites for reference, a case study, and a sizeable glossary of terms so that health care providers can participate in the EHR decision process with some command of the language and system requirements. Because it was published in 2005, readers should look for updates to any regulatory and standards requirements that may have occurred since then.

Specific pluses for this book include its checklists for how to determine a group’s objectives, cost worksheets, functional requirement assessments, and the timeline to select the right vendor. They seem helpful and stimulate the thinking processes required to move to EHR.

Lapworth is with the Heart Failure Program, Cardiology Department, Palo Alto Medical Foundation, Palo Alto,

- psychosocial support
- guidelines and preparation for return to work and a productive life
- emphasis on the importance of a patient's self-efficacy and self-management.

Cardiac rehabilitation also includes secondary prevention aims to:

- prevent complications
- decrease symptoms of atherosclerosis
- reduce future cardiovascular morbidity
- reduce premature mortality
- improve quality of life
- To extend life

Variety Defines the Team

A cardiac rehabilitation team usually comprises a wide variety of specialties, working cohesively, collaboratively and effectively together. The team might include:

- cardiologists with varying specialties
- staff nurses, clinical nurse specialists, nurse practitioners, hospital service R.N.s and physician assistants
- exercise physiologists
- dietitians
- physical therapist and occupational therapist
- social workers
- pharmacists

- chaplain
- psychologist/psychiatrist and nicotine and/or chemical dependency counselors
- home health professionals

With quality and cost-effectiveness in the forefront of patient needs today, a comprehensive cardiac rehabilitation program addresses individual patient needs and medical program goals. Nursing is pivotal to this multidisciplinary, perpetual process. With our focus on the patients, quality, individualized care must be our driving force.

Zarling is cardiovascular clinical nurse specialist at the High-risk CAD Patients/Cardiac Rehab, St. Marys Hospital, Mayo Clinic.

Keeping Your Patient Information Pumping

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This technology suite has been recognized by the 2006 Innovations in HealthcareSM Awards.

Discover Cardiosource

Cardiosource Offers CE for Nurses

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

We are delighted to announce that continuing education credits for nurses are now available on Cardiosource! I encourage you to visit the site and try it out.

How to begin:

- Go to www.cardiosource.com
- Enter your username and password. If you do not know your username and password, contact the Resource Center at (800) 253-4636 ext. 8603
- Click "Self Study" tab-horizontal top toolbar and choose "CE for Nurses."
- A list of learning activities, which may include case studies or expert opinions, with CE credits will appear.
- The left navigation bar will allow you to browse CE activities by topic.

- Each activity contains a behavioral objective and self-assessment question(s).
- After completing the activity and confirming the actual time spent in the activity, you may "apply" for CE credit.
- A certificate will be forwarded to your e-mail address on file with the ACC.

New activities will be added regularly. The CE credits will generally be in increments of 0.3 hours. We hope that these brief units will fit well into your busy professional lives. We encourage you to complete multiple units in the same topic area to increase your knowledge base.

These are a few of the sessions recently listed for CE:

- **Effect of ACAT Inhibition on the Progression of Coronary**

Atherosclerosis: a Randomized, Controlled Trial. Expert: Steven E. Nissen, M.D., F.A.C.C.

- **Low Levels of HDL Cholesterol and Risk of Recurrent Cardiovascular Events: Is Statin Monotherapy Sufficient?** Expert: Robert S. Rosenson, M.D., F.A.C.C.

I hope you will agree that this is an important addition that increases the value of your CCA membership. Thanks to the Committee for Continuing Nurse Education and the ACC's Cardiosource staff and IT division for their collective efforts in making this happen.

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

To the Cardiac Care Team

By Carolyn L. Lekavich, R.N., A.N.P., M.H.S.-C.L.

It may be hard to believe, but significant planning is already underway for ACC.07, March 24 – 27 in New Orleans. Drawing from your suggestions submitted in last fall's CCA Educational Needs survey, we are proposing that topics such as Advanced Physical Diagnosis, Pharmacology, and Team Models in Cardiovascular Care be considered in a variety of session formats.

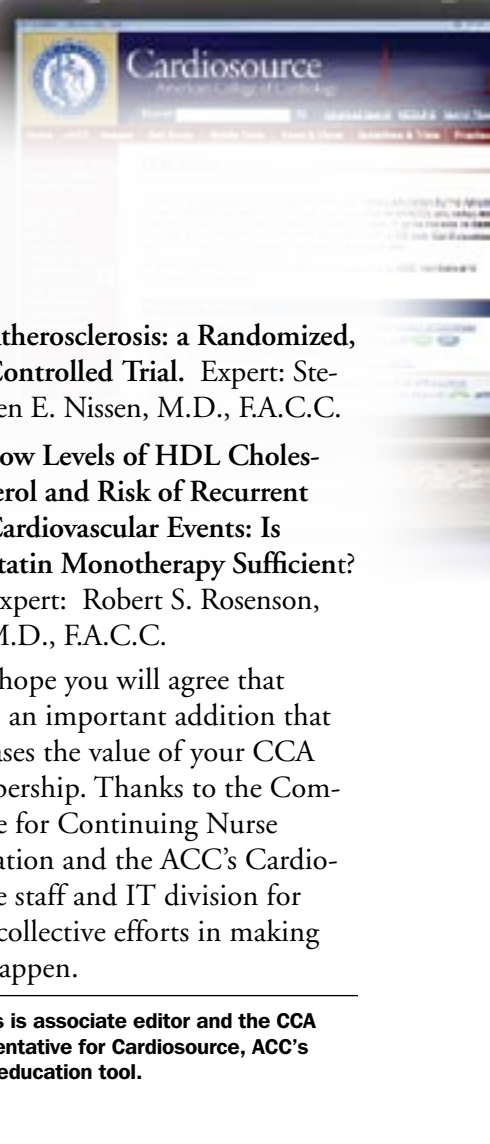
We are keenly aware of the needs of CCA Members who may not be able to attend and are actively pursuing remote access options that would allow digital broadcast, live Web casts and data access through Cardiosource.

I will continue to keep you posted on ACC.07 planning details, particularly topic and speaker opportunities and highlights and networking opportunities. If you are interested in making a presentation, stay tuned to *Cardiac Care* newsletter, *MyACC* e-newsletter and www.acc.org. Dates for abstract submissions will be posted this summer.

I feel very privileged to be your representative to the Annual Scientific Session Planning Committee. Please feel free to send your ideas and suggestions for ACC.07.

I hope we can meet in New Orleans next March!

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