



Cardiac Care

FOR NURSES
NURSE PRACTITIONERS
CLINICAL NURSE SPECIALISTS
AND PHYSICIAN ASSISTANTS

Combining Forces for Quality Care

By Rebecca Angerstein, C.C.N.S.



With the increasing complexity of cardiac care and volume of patients, cardiology practices and cardiologists need to develop creative options to provide quality care.

Cardiologists deal with extensive time demands that include new inpatient and outpatient consultations, follow-up visits, pre-operative clearances and hospital rounds in addition to procedures and testing. Mid-level practitioners (MLPs) — clinical nurse specialists, nurse practitioners and physician assistants — are well positioned to serve as extensions of physicians and provide timely, patient-centered quality care.

Our cardiac group's 24 physicians practice collaboratively with 14 MLPs. The MLPs care for all types of cardiac patients including those with coronary disease, valvular heart disease, hypertension, dyslipidemia, peripheral vascular disease, arrhythmia and heart failure. In the hospital they perform daily rounds, arrange discharges, communicate with other disciplines and specialties, provide home-going instructions with prescriptions and arrange outpatient follow up. These visits are share-billed with the physician and truly maximize a physician's time.

MLPs also perform data gathering for consultations and will triage patients' problems when the physicians are tied up performing procedures. Following hospitalization, patient follow-up visits are conducted by the MLP who saw the patient during his or her hospitalization, thus ensuring continuity of care.

For routine office visits, patients alternate between the physician and the MLP, which enables the physicians to see more new patients. MLP office visits slots are 30 minutes, permitting additional time for education and assessment of social, financial and compliance issues. Anecdotally, patients and families indicate their pleasure with the time



Rebecca Angerstein, (r.)
with Michael Hughes,
M.D., F.A.C.C.

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Report from ACC Board of Trustees Meeting

By Jacqueline Gannuscio, M.S.N., A.R.N.P



Jacqueline Gannuscio

I recently attended the ACC/ACC Foundation (ACCF) Board of Trustees Meeting and wanted to report my experiences to you. This was an unprecedented opportunity to observe the workings of the College firsthand.

What is the Board of Trustees and what does it do for the College and the membership? As you probably know, the ACC's mission is to advocate for quality cardiovascular care through education, research promotion, development and application of standards and guidelines and to influence health care policy. The Board of Trustees (BOT) is the chief governing and policymaking body of the ACC and ACCF. Some of the key roles of the BOT include:

- determining the organization's vision, mission and strategic direction and overseeing initiatives in achieving the vision, mission and strategic direction
- approving the annual plan and budget as a means to allocate resources in support of the strategic direction establishing governing policies and bylaws with the sole authority to change such bylaws

The Executive Committee (EC) consists of the President, the President-Elect, the Immediate Past President, the Vice President, the Chair, Chair-Elect and Immediate Past Chair of the Board of Governors, and the Chair of the Budget, Finance and Investment Committee. The BOT delegates decision-making authority to the EC between BOT meetings, with the exception that the EC cannot elect anyone to office, terminate or hire the CEO, or regulate dues. The EC makes recommendations to the BOT on matters of changes, extensions or revisions of College policy.

At this meeting, the BOT discussed and voted on several important topics including:

- financial performance of the College and proposed budget
- strategy for the near and distant future based on approved initiatives
- comprehensive ACC ethics program
- development and implementation of a global strategy
- the College's role in the development of automated performance feedback for tracking performance standards and evaluating adherence to guidelines

I greatly appreciated being invited as an observer on your behalf. It afforded me the opportunity to see policymaking in action on issues that impact the membership in general. The invitation also re-enforced the BOT's support for CCA members and the concept of the cardiac care team.

Combining Forces for Quality Care

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spent and explanation they receive during these MLP visits.

All MLPs rotate weekly between the hospital and office.

This again promotes continuity of care as MLPs see patients with whom they have an established relationship. Overall, our working model appears to improve patient care, patient satisfaction, referral satisfaction, and most likely, it prevents hospitalizations because patients and their families have prompt access to service.

For more information and discussion about MLP models, visit the ACC.06 Brown Bag Lunch Session #320, Monday, March 14, "Innovative Models: Physicians and Mid-Level Providers in Cardiology Practice," Rm. A406, Georgia World Congress Center.

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Pennsylvania
CHAPTER

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PaACC Chapter Elects CCA Liaisons

By Michelle Nickolaus, C.R.N.P.

The Pennsylvania Chapter of ACC (PaACC) has exciting news. With its September elections, the PaACC elected four new CCA District Liaisons to serve on the Chapter's Executive Council — **Carrie Doherty, C.R.N.P.** (Philadelphia-District I), **Donna Petrucci, C.R.N.P.** (Allentown-District II), **Sandra Thorpe, R.N., B.S.N.** (Uniontown-District III) and **Lisa Henry, C.R.N.P.** (Pittsburgh-District IV).

The PaACC Cardiac Care Associate District Liaisons are elected to two-year terms. In PaACC, we have four regions or districts that have been traditionally represented by physician District Councilors so the addition of Cardiac Care Associates represents a significant change. The primary responsibilities of the CCA District Liaisons will be to serve on the Executive Council and work with the District Councilor for their region to increase CCA involvement.

Already, we are considering holding a regional dinner meeting that would be coordinated by two District Liaisons and our PaACC staff. We are very lucky in Pennsylvania that we have a supportive physician base and excellent support staff in our Chapter Administration to help us achieve our goals.

Additional liaison responsibilities may include assisting with a yet-undecided statewide project to enhance quality of cardiovascular care in Pennsylvania. This

may be a community service event, a quality care initiative (e.g. CHF, MI or diabetes and heart disease link) or an education event. We plan to survey membership and assess volunteers support and interest first.

All Pennsylvania CCA members are invited to meet the new Pennsylvania CCA Liaisons in the CCA Lounge at ACC.06. Look for an e-mail announcement on time soon. Additionally, we will be coordinating a CCA "breakout session" at the Chapter meeting on April 28, 2006. We are very proud of our Pennsylvania team moving things forward; we will keep you posted of our progress.

Michelle Nickolaus, a CCA Network Liaison, is with the Penn State Heart & Vascular Institute Program for Adults with Congenital Heart Disease.

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

Date: Sunday, March 12

Time: 5 p.m. – 6 p.m.

CCA Members Speaking in Atlanta

The following individuals will be making presentations in Atlanta. To learn more about the title, date, time and location of their presentations, go to www.acc.org/2006ann_meeting/accustom/accustom.htm and search by presenter.

Cynthia Adams	Laura Gaulden	Rhonda Larson	Marianne Piano
Nancy Albert	Jana Glotzer	Carolyn Lekavitch	Lisa Povsic
Rebecca Angerstein	Eileen Handberg	Jane Linderbaum	Heather Ross
Lisa Berdan	Russell Hoffman	Janet Long	Joyce Ross
Rosemary Bubien	Nancy Houston-Miller	Coleen Miller	Bonnie Sanderson
Catherine Christie	Suzanne Hughes	Pamela Miner	Elizabeth White
Michael Clark	Bonita Huiskes	Michelle Nickolaus	Mary Zellinger
Ginger Conway	Julie Kozlowski	Dorothy Pearson	

To the Cardiac Care Team

By Ellen Langrehr, R.N., M.S., C.C.R.N., A.C.N.P.



Ellen Langrehr

As a member of the Annual Scientific Session Program Committee, I am delighted to tell you about ACC's 55th Annual Scientific Session, "Celebrating the Cardiovascular Community," March 11-14 in Atlanta. The theme of community and collegiality is woven through all of the educational sessions and activities.

For the first time this year, a pre-conference on cardiovascular pharmacology is offered on March 10. We have exciting, new opportunities to network with our national and international colleagues and the ACC leadership. This year's meeting includes Community Rooms, one of which is designated for CCA members and of course, any nurses or physician assistants who are not yet ACC members. Our other activities include a reception for CCA members and nonmember RNs, NPs, CNS' and PAs. Don't forget the All Chapter reception for state chapters, too.

CCAs are invited speakers for many of the structured sessions and have accepted oral and poster presentations in a new abstract category, "Innovative Models for Practice, Education and Research." The new Innovation in Intervention: i2 Summit, runs concurrently with

ACC.06 and offers cutting-edge content to those practicing in this subspecialty area.

The educational design of ACC.06 has been thoughtfully renovated. Your learning needs guided the selection of content, which includes more late-breaking clinical trials and every aspect of general cardiovascular medicine and subspecialties. The format of the popular Spotlight Sessions has been revised to include audience participation and case presentations. A grand opening session replaces the Presidential Plenary Session of the past. The oral abstract sessions have been revitalized with inclusion of panel discussions, state-of-the-art lectures, and Q&A sessions. In some topic categories, a new format is being piloted: e-abstracts....a self-directed online multi-media abstract presentation system.

To aid your program planning, a new system, ACCustom, allows you to create and search your itinerary, integrate educational sessions and exhibitors and connect with colleagues.

More information about the pharmacology preconference and ACC.06 as well as online registration is available at www.acc.org.

I hope to see you in Atlanta!