



CARDIAC CARE

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

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Intervention Team Members: On the Job as Educators

What roles do the nurses, nurse practitioners, clinical nurse specialists and physician assistants perform in interventional cardiology? Do they find competency statements, guidelines and similar documents useful in assisting them with their



work? Do they see an increase in carotid arterial and peripheral vascular stenting being done by the physicians in their practices?

How CCAs Work with Stents

Cathy Pensyl, R.N., P.A.-C., works at Bryn Mawr Hospital, a tertiary care hospital in suburban Philadelphia. Pensyl works with cath lab patients, primarily doing coronary work, with some peripheral vascular stenting. She and one other physician assistant conduct pre- and post cath lab assessments and patient education, both inpatient and outpatient.

Mia Barbour is the charge R.N. of the Interventional Radiology Department at the University of Colorado Hospital, where most of the carotid arterial stenting is conducted. She works with patients pre-, post- and during procedures. Barbour's team focuses on patient education also.

Maggie Barnett, a nurse practitioner, is part of a private practice in Alaska. She works with patients but not in the cath lab. Instead, she conducts the post-procedural follow-up with patients, addressing their education and physical needs and concerns for

the one to two weeks after a procedure.

Whereas their office educates patients about the procedures and follow-up, they find that most patients or their family members use the Internet extensively for medical information. To ensure that they obtain good information, Barnett and her colleagues often recommend specific sites, such as the Boston Scientific Web site about stents.

Documents Underlie Systems

Lynn Tarkington, R.N., is clinical director, HCA Healthcare Clinical Cardiovascular Management Network (CCMN), which is part of HCA corporate quality department. The CCMN team comprises physicians and leaders from HCA hospitals.

The CCMN team uses current evidence-based guidelines and consensus statements from ACC and other organizations to direct the care of cardiovascular patients in

ACC '05 Update

• **Advance Registration and Housing Deadline ends Feb. 15, 2005**

On-site Registration will cost more, so plan on signing up before Feb. 15.

- **CCA Reception, 5:30 – 6:30 p.m., Mar. 6, 2005;** Orange County Convention Center (Room 306 C-D), Orlando, Fla.



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On the Job as Educators (continued from cover)

their facilities. HCA also relies on current literature and research, including their own research, on processes and outcomes. The CCMN team used these resources to develop a toolkit on stenting to guide their physicians and other health care workers.

According to Pensyl, guidelines, competency statements and other published literature are their sources for self-education. She also sees them as tools for educating others, including some of the physicians, about interventional cardiology.

Barnett also views the documents as useful for her knowledge, adding that she finds some data and other details useful for educating patients.

Carotid Stenting on the Increase?

Do these CCA members see an increase in cardiologists performing carotid stenting procedures? The procedures are about evenly divided between cardiology and interventional radiology at her hospital, says Barbour. Pensyl notes they are on the rise; however, their interventionalists are pursuing the necessary training first. None of the cardiologists in her Alaska office are performing carotid stenting, says Barnett. In her town, two radiologists are handling all the carotid arterial stenting. ■

Membership Notes

Travel Awards for Cardiac Care Associate Members

The ACC is pleased to announce that the Travel Awards to attend the 2005 Annual Scientific Session in Orlando, Florida, have been awarded to 20 Cardiac Care Associate Members. The winners are:

- Penelope Anne Champagne, R.N.;
- Beth A. Chia, P.N.; Sherolyn J. Christensen, P.A.; Rebecca J. Dick, R.N.;
- Gregory L. Ehle, P.A.-C.; Thomas S. Good, F.P.N.;
- Jerald D. Grissom, Jr., P.A.; Tracy L. Hoatson, P.N.;
- Jaye C. Howes, P.N.;
- Chad S. Kent, R.N.;
- Tracey L. King, R.N.;
- Dora J. Lapworth, N.P.;
- Tzu-Ching Liu, R.N.;
- Victoria Paparelli, C.N.S.;
- Veronica T. Rossetti, P.N.;
- Jonathan E. Skillings, P.A.;
- Timothy W. Smith, R.N.;
- Mary K. Steinke, P.N.;
- James E. Voyk, P.A.;
- and Elizabeth H. White, R.N., M.S.N., C.R.N.P.

Cardiosource — Another Information Tool

Did you know that as an ACC member you have access to Cardiosource, the ACC's educational and information web site? Your basic membership gives you access. Go to <http://www.cardiosource.com/registration> to register or call the ACC Customer Resource Center at 800-253-4636 x 694.

Ensuring Quality — the ACC-NCDR® Program

Key to ensuring a quality cath lab program is outcomes measurement, which at ACC means the American College of Cardiology-National Cardiovascular Data Registry (ACC-NCDR®). In the last five years, the ACC-NCDR® has become an accepted standard in tracking quality cardiovascular care in cath labs, and this year it plans to add a carotid module.

The ACC-NCDR® offers participants quarterly institutional reports based on data mined from more than 500 cath labs and almost 2 million patient discharges. Participants submit data on their outcomes using ACC-approved software and data definitions. This important step in measuring interventional outcomes can provide a basis for key quality improvement initiatives. To find out more, contact the ACC at (800) 253-4636 or go to www.accncdr.com. ■

Coming in February Cardiac Care:

The lead topic in *Cardiology* is statins: Potential wonder drugs? Available OTC?

In *Cardiac Care*, we will take a look at lipid clinics. If you have experiences or comments on the topic, please send them to cardiologyeditor@acc.org.

Taking on the Obesity Epidemic in Schools

“What drove the task force is the question you have to ask yourself, ‘What can you and your schools do for the health of your children?’”

—**Barry Coughlin, M.D., F.A.C.C.**

Coughlin, chair of the California State Superintendent’s Task Force for Childhood Obesity, Type 2 Diabetes, and Cardiovascular Disease, is elated. The task force submitted its report and recommendations to Jack O’Connell, California State Superintendent of Schools on December 10, 2004. O’Connell responded with immediate action.

From a study published in the Archives of Pediatrics & Adolescent Medicine (Dec. 2004; 158,12): The prevalence of overweight children aged 2 – 4 increased to 13.7 percent in 2000 from 10.8 percent in 1989, according to the analysis of data from 30 states.

Supt. O’Connell appointed a working task force to follow through with the recommendations and scheduled the first meeting within days of the delivery of the report.

The task force’s philosophical approach was simple. Everyone and every consideration needed to be involved in changing the trends of obesity, Type 2 diabetes and cardiovascular disease among children—parents, physicians, educators, other health care workers and the community.

Recommendations include:

- Regular non-programmed play periods in the elementary schools and active physical education classes with increased time allocations at all grade levels.
 - Established nutritional standards, implemented and enforced for all food and beverages served or sold at the schools.
 - Building of new schools in the middle of communities with easy and safe access to encourage “active” commuting, such as walking and bicycling.
- Coughlin, who has been politically

active and community-driven for most of his professional life, was one of two ACC members on the task force.



Dr. Coughlin

William Bommer, M.D., F.A.C.C., served as the ACC representative.

The strength of this group was most likely the varied representation of physicians, academics, public health officers, principals, CEOs, teachers and nurses. They came together as members of their community to solve this problem and have laid out a roadmap that calls for determination and resolve from the whole community.

California faces challenges in implementing the task force recommendations, particularly those with budget impact, but the state has led the nation in creating many new trends. The question to others: What’s happening in your community to fight the obesity epidemic? How can you participate?

For more information on the task force recommendations, go to <http://www.cde.ca.gov/ls/helcd/recommendations.asp>.

Dr. Coughlin heads the Cardiovascular Clinic at Lompoc, Calif. and runs several free health clinics in the area. He has served many volunteer roles for ACC and is now the CACC legislative chair as well as the BOG state advocacy subcommittee chair. ■

HEALTHY WEIGHT WEEK JAN. 16 – 22, 2005

Healthy Weight Week is a time to celebrate healthy lifestyles that last a lifetime and prevent eating and weight problems.

Eat well, live actively, and feel good about yourself and others. It’s a welcome change from the dieting and bingeing that typically begin the New Year!

<http://www.healthyweight.net>



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Discover Cardiosource

Focus on Stents, Obesity



Suzanne Hughes

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

We members of Cardiac Care teams are seeing more and more applications of catheter-based technology for interventions on coronary, carotid, and peripheral arterial lesions.

As advocates for evidence-based care and quality improvement, Cardiac Care Associate members should refer

to *Cardiosource* to access the SCAI/SVMB/SVS document referenced in January *Cardiology* on carotid stents, as well as other guidelines related to catheter-based interventions.

Cardiosource includes all major guidelines developed or endorsed by the American College of Cardiology, often in association with liaison professional organizations. The guideline section is easy to search as it is further indexed by topic area.

Patient Education Tools and More

According to 2004 data, 64 percent of adult Americans are overweight or obese. The association of overweight (particularly central adiposity) with three major cardiovascular risk factors of hypertension, atherogenic dyslipidemia, and type 2 diabetes is well known.

Much of our work focuses on disease management models of care in which goals are directed to modification of these risk factors. *Cardiosource* offers important resources to assist in these efforts. Visit the CCA home page to locate articles about fitness and physical activity, practice guidelines, and links to patient education tools.

Links to related professional sites are also provided, including the National Institutes of Health, the American Heart Association, and the Preventive Cardiovascular Nurses Association. Of particular interest is the **Make the Link!** Diabetes and Cardiovascular Disease Toolkit, available to ACC members as part of ACC's partnership with the American Diabetes Association. I encourage new Cardiac Care Associate members to take some time to explore <http://www.cardiosource.com>. ■

To the Cardiac Care Team



Eileen Handberg

"The College's Working Group for Continuing Nursing Education has taken several important steps toward building accreditation and education opportunities for the cardiovascular nurse members. This has been our primary focus so that nurse Cardiac Care Associate members can continue to take part in the premier cardiovascular education programming

that ACC offers and also get continuing education credits.

February 1, we will be submitting the College's application for accreditation by the American Nurses Credentialing Center.

To this end we have also:

- approved a "Belief and Goals" statement to guide the College's nurse professional development activities
- reviewed and assisted with distributing a survey to assess the learning needs and professional development interests of cardiovascular nurses
- reviewed and discussed program suggestions for nurses
- proposed new, relevant abstract categories for the Annual Scientific Session
- recommended several CCA speakers, who are included in the 2005 Annual Scientific Sessions

In November 2004, we met with representatives from 18 cardiovascular-related nursing organizations to discuss devel-

oping a "Scope and Standards of Practice for Cardiovascular Nursing" document. To date, 12 have expressed interest in providing writers or reviewers for this collaborative document for which the American Nurses Association would provide guidance. Our next step is to request approval from the College's Executive Committee to create the document in collaboration with these other groups.

It has been a busy but productive time, and as always, we ask for your input and support. If you have suggestions or questions for the Working Group, please feel free to contact me at handbem@medicine.ufl.edu

If you would like to participate in helping to shape this newest membership group in the College, please write to kbieg@acc.org.

Most important, I hope you will be at the Annual Scientific Session, Mar. 6 – 9, 2005, in Orlando, Fla. and plan to attend the reception for Cardiac Care Associate members.

We are looking for Scientific Session Ambassadors who might be willing to be available at ACC Central at specific time periods to provide a friendly CCA perspective for those new to the sessions. Email kbieg@acc.org if you are interested.

Best wishes and Happy New Year to all of you,

Eileen Handberg, Ph.D., A.C.N.P.
Chair, Working Group for Continuing Nursing Education