



# CARDIAC CARE

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

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## Defining Excellence with Cardiac Care Teams

The American College of Cardiology has launched a new initiative to promote excellence in team-based cardiac care. The initiative resulted from a desire by the Cardiac Care Team committee, the CCA Network and several ACC chapters to explore current and best use of cardiac care teams in the practice setting.

Over the next few months, ACC will be conducting one-on-one site visits to the top 10 heart failure practices in the country that exemplify the team-based approach. Conducted by qualified consultants, this multidisciplinary study aims to identify the key characteristics of high-performing cardiac care teams.

Janet Wright, M.D., F.A.C.C., a member of the Board of Trustees and the Cardiac Care Team Committee, is excited to be involved in the project. "This project is important in helping practices achieve the best possible care for their patients. It also shows how much ACC values CCA members and recognizes their contributions."

Bonnie Huiskes, N.P., who is with Loma Linda University Hospital in Redlands, Calif., is the primary CCA contact on this project.

"The chronic illness of heart failure offers an extraordinary opportunity for collaborative teams to demonstrate the added benefit that accrues from combining the skills and strengths of two or more disciplines. Cardiologists, along with nurse practitioners, physician assistants, cardiology nurses and other health professionals, can positively impact medical outcomes, patient quality of life, patient satisfaction and the cost of care," says Huiskes.

The participants in the Heart Failure Project believe that what is learned about excellent team function in heart failure will translate to other collaborative opportunities in cardiology practice, providing a template or road map that might guide the development of other projects, she continued.

As part of the project, ACC will be looking at:

- roles and responsibilities of CCAs
- scope of the practice and liability issues



- potential areas of conflict
- reimbursement strategies
- challenges in establishing team-based care
- subspecialty models of care.

Areas that will be analyzed during the site visits include:

- performance measurements
- team structure
- team communication
- staff and patient satisfaction
- professional development
- systems and tools vital for success

The data from the site visits will then be used to create a primer on team-based care. ACC will work with different chapters to help develop flexible, modular programs to educate members and help meet the needs of their local practices.

Heart failure practices are being studied first because these practices offer the most developed example of the team-based approach. However, in 2006, ACC plans to study other cardiac disease areas, such as prevention and rehabilitation. ■

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## SALUTE TO MEDICAL HEROES

Dear Cardiac Care Associates,

As we approach the anniversary of Sept. 11 and witness the horrors wrought by Hurricane Katrina, we stand in awe of the heroes who emerge from these tragedies. Physicians and nurses at Charity Hospital in New Orleans provided more than 72 hours of ambu assistance in 20-minute shifts when generators no longer would. Our colleagues risked their lives to help evacuate the sick, sometimes under sniper fire.

This letter establishes the Georgia CCA Award in recognition of a Cardiac Care Associate who sets a standard for team-based cardiovascular care. It is a reminder to each of us to seek and recognize our own professional "heroes" ... those who have proven themselves invaluable to their colleagues, their patients, their patients' families.

For more than 30 years, Suzanne Cambre, R.N., has led a cardiovascular team in collaboration with Mark Silverman, M.D., F.A.C.C., chief of cardiology at Piedmont Hospital and the Fuqua Heart Center. Dr. Silverman's patients often note after an office visit that they "saw Dr. Silverman and Sue."

Sue was the only nurse to receive the designation Instructor in Medicine from the Emory department of medicine for her contributions in teaching medical students history-taking skills, and she is the 2005 recipient of the Piedmont Hospital Nursing Excellence award.

Sue has been a mentor to her colleagues. She is widely recognized as the author of "Heart Attack, What Now?" which raised millions for the American Heart Association. She has been an ambassador for Piedmont Hospital and has lectured citywide, all the while providing compassionate clinical nursing care to patients and their families.

Suzanne Cambre is not only the first recipient of the Georgia CCA award, but she has set the standard for future recipients. In honor of Sue and her wealth of contributions to CV medicine, the Georgia CCA award has been named in her honor — the Suzanne Cambre Award.

It is my hope that as our CCA membership grows, each state will nurture its own local heroes and recognize them and their contributions to the Cardiac Care Team.

Here's to our medical heroes.



Suzanne Cambre, R.N.

Healthy Regards,

A handwritten signature in black ink that reads "Brenda C. Garrett". The signature is written in a cursive style.

Brenda C. Garrett, R.N.  
Fuqua Heart Center for Prevention  
Piedmont Hospital, Atlanta

## ACC Plans for World Heart Day

World Heart Day falls on Sunday, Sept. 25, this year, and the ACC has planned various outreach activities. "Healthy Weight, Healthy Shape" is the Prevention-center theme for this year's World Heart Day.

Paul D. Thompson, M.D., F.A.C.C., shares his thoughts on what he considers the key elements of a good prevention program.

One key element of any good prevention program is evaluation and treatment of the patients' overall cardiovascular risk and not just their lipid levels, smoking habit, diabetes or blood pressure in isolation, says Thompson.

Too many programs degenerate into lipid clinics or hypertension clinics which address only one of multiple risk factors. Attending multiple clinics or visiting multiple experts is burdensome for patients who prefer a preventive cardiology program that addresses all of their risk factors.

It is extremely important to estimate global cardiac risk by using tools such as the Framingham Risk Equation.

Physicians are then able to recognize the magnified cardiac risk of multiple "borderline" risk factors. With the overview, they also realize that some risk factors in patients with low overall risk do not need overly aggressive treatment.

Good prevention programs involve patients in the decision and treatment process. All patients should be encouraged to follow healthy diets and perform moderately vigorous exercise for a minimum of 30 minutes daily. Patients should also be given options as to how they want to proceed. They should receive prompt feedback as to how their efforts have affected their risk factors. Lipid lowering drugs, for example, reduce cholesterol levels in two to four weeks, a positive response that often motivates patients to adhere to their treatment regimens.

Patients should also receive their own records of their weight, blood pressure, and lipids to observe themselves how they are progressing. ■



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## Enhancing Lipid Management:

### Optimizing the Team Approach

*Early Bird Extended to Oct. 7*

#### Program Codirectors —

Alan S. Brown, M.D., F.A.C.C.

Christie M. Ballantyne, M.D., F.A.C.C.

Lynn A. Cofer, M.S.N., R.N.



**Register today!**

[www.acc.org](http://www.acc.org)

(800) 253-4636, ext. 8603

This activity has been approved for AMA PRA credit. H05172

## World Heart Day Reminder

Make a note on your calendars that World Heart Days falls on Sept. 25. This year's theme is "Healthy Weight, Healthy Shape."

ACC again plans some special activities surrounding that day including:

- Nationwide radio media tour with the focus on prevention
- Press releases highlighting the day and message
- Distribution of the artwork of the "Healthy Eating and Activities are the Right Tools" (HEART) poster to members.

The HEART poster artwork will be made available in an electronic file (pdf) to members through ACC Weekly and Heart Health News. Members will be able to download the artwork and have it printed for their offices or clinics.

**Healthy**  
**Eating**  
and  
**Activity**  
are the  
**Right**  
**Tools**



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## Discover Cardiosource



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

By Suzanne Hughes, M.S.N., R.N.  
September is National Cholesterol Awareness and Education month, which makes it an ideal time to update your knowledge by using the available resources on Cardiosource. Cardiosource provides a clinical collection on cholesterol management that includes —

- Journal articles/abstracts, such as "Cardiovascular Disease Risk and Insulin Resistance" by Alfred A. Bove, Cardiosource editor in chief
- Guidelines and quality standards, for example, "Evidence-based Guidelines for CV Disease Prevention in Women"
- Case studies, "Cardiac Risk Assessment in a Middle-Aged Male"
- Clinical trials, such as "Beyond Endorsed Lipid Lowering with EBT Scanning" (BELLES)
- Current controversies, "Can You Get the LDL Concentration Too Low?"

- Basic review, "CETP Inhibition and HDL Cholesterol" in ACCEL Online
- What's new, the BELLES trials report

In addition to the clinical collection cholesterol management page, users may access a personalized learning module, among other clinical practice tools.

Many of you may not be aware of the wonderful *image library* available on Cardiosource. Enter the search term "cholesterol" and Cardiosource will bring up more than 2,000 entries, 90+ of which are in the image library. Discover graphs depicting findings of many of the major clinical trials as well as images of various clinical abnormalities that may be seen in those with certain dyslipidemias.

We know from surveying the CCA group that many of you are very interested in prevention. For that reason, we will continue to provide updates in this subspecialty throughout the year and highlight new research, guidelines and patient education tools as they become available.

*Suzanne Hughes*

*Women's Heart Advantage*

*Akron Health & Wellness Center, Ohio* ■

## To the Cardiac Care Team

For the last two years, I have served with sincere honor and pleasure on the ACC Prevention Committee. As a nurse practitioner, I have been able to contribute to the College on a topic of great interest to me and spend valuable time working with my colleagues on the committee.

The Prevention Committee is charged with addressing prevention issues and suggesting strategies to promote cardiovascular health and prevent cardiovascular morbidity and mortality. The committee monitors preventive content in educational products and programs and also encourages private and public agencies to implement prevention strategies by collaborating with other groups.

The committee membership includes physicians, a member representative of the American Heart Association, a Fellow in Training and one Cardiac Care Associate member. We also have, unique to the Prevention Committee, a nurse representative from the Preventive Cardiovascular Nurses Association (PCNA).

We serve a three-year term. The College does not reimburse for travel, but meetings are scheduled around the ACC and AHA Annual Scientific Sessions, which most committee members attend. However, most of our communications are done via e-mail.

The ACC promotes the cardiac care team approach to cardiovascular care. I have found the Prevention Committee meetings to be rich in content and collegiality. As we work together, we share ideas and experience. Through our work we contribute to the high standards of the College; we improve our knowledge and clinical performance; and we build relationships as a team.

Committee appointments afford CCA members the opportunity to become an integral part of the ACC. The appointment to serve on a committee, task force or working group is voluntary without monetary reimbursement. The reward comes through personal and professional growth and new, fulfilling relationships.

I would encourage all of you to make a commitment to serve on a committee, work group or task force. If you cannot do so on a national level, become active on a local level with your state ACC affiliate. Go to <http://www.acc.org/ccal/home/home.htm> to find the name of your state CCA liaison and apply.

*Janet B. Long, M.S.N., A.C.N.P.*  
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