CVSN and Quality Care

The subject for the summer CVSN Connections is “quality care.” Thematicly, this is perfect timing because National Nurses week occurred in May, and the theme was “Leading the Way.” This is a great topic for CVSN because it gives us a chance to highlight how the CVSN council and its many members both lead and contribute to the quality of health care. In this issue, I highlight just a few examples of how the CVSN Council leads and contributes to the quality of health care.

My first example is Barbara Drew, PhD, FAHA, who has advanced and understood our understanding of EEOC monitoring practices within hospital and pre-hospital settings for improved diagnosis of cardiac rhythms, myocardial ischemia and prolonged QT syndrome through decades of research and scholarship. Not surprisingly, Drew was selected for this year’s National Institute of Nursing Research Director’s Lectures.

Our international colleagues, such as Sandy Middleton, examine interventions for managing fever and hyperglycemia with acute stroke. Other CVSN colleagues, including Lari Zinn- merman, PhD, and Bunny Potthiel, PhD, examine the positive effects of exercise in CVD populations. New challenges have arisen in the area of quality care in patients undergoing genetic testing. To this end, Kathleen Hickey, EdD, FNP, FAHA, and colleagues examined the effects of genetic diagnoses and the potential impact of unlabeled cardiotoxic dilatihbulator discharges on psychological well-being in patients with genetically linked arrhythmias.

CVSN council members also are leading the way in testing new methods of patient care delivery. Sara Paul, DNP, FNP, FAHA; Karen Yehle, PhD, FAHA; Kathryn Wood, PhD, and Suzanne Wingate, PhD, published findings about the potential efficacy of shared medical decision making in a nurse practitioner-managed heart failure clinic that may prove to be an excellent strategy for outpatient education. Finally, our early career members, including Christopher Lee, PhD, FAHA, and Kristin Sandau, PhD, examined self-management behaviors and quality of life, respectively, in patients with cardiovascular disease.

CVSN also contributes to quality of care through the writing of scientific statements. We have members involved with these future papers: “Goals for CV Promotion in Children,” “Management of Pregnancy in Patients With Complex Congenital Heart Disease,” “Inductive Endocarditis” and “Preventing and Experiencing Heart Disease as a Woman.” Several CVSN subcommittees are focusing on quality of care in priority areas for CV and stroke nursing practice and research, for example, the Complex Cardiovascular Patient and Family Care Subcommittee, the Pediatric Cardiovascular and Stroke Nursing Science Subcommittee and the Stroke Nursing Science Subcommittee.

News and Other CVSN Highlights

Many of our Council goals are achieved through subcommittees. Recently, a joint Prevention Science Subcommittee was formed between the CVSN Council and the Council on Epidemiology and Prevention, resulting in shared programming focused on nutrition, physical activity, global health and prevention-oriented clinical trials. CVSN members will serve as Chairs, rotating with members of the EPI Council.

As usual, the Scientific Sessions, scheduled for Nov. 15–19, will showcase the best nursing, translational and clinical science. Nancy Artinian, PhD, FAHA, (Chair) and members of our Program Committee have planned an outstanding program for CVSN members.

This year, CVSN joined forces with the Council on Cardio pulmonary, Critical Care, Perioperative and Resuscitation to offer $1,000 travel award stipends for attendees of the Cardiovascular Nursing Clinical Symposium during the November Sessions.

This symposium (Nov. 18-19) provides “one-stop shopping” for the latest evidence-based practices. More information can be found linked to my.americanheart.org/professional/Councils/AwardandLectures/Travel/UCPR-and-CVSN-Travel-Stipend_UCM_462444_Article.jsp

CVSN travel grants are available for attendance at the 2014 Scientific Sessions in Chicago, half of the grants have been designated for minority members as we strive to increase minority membership on all of our CVSN committees.

Finally, we are seeking contributions to reach our goal for the “80 for 40 Campaign,” and we are halfway there. Funds will be used to support research, education and award recognition activities for nurse scientists and clinicians early in their career trajectory.

I continue to be inspired by your passion, generosity and commitment to improving cardiovascular and preventing cardiovascular disease through nursing and interdisciplinary activities.

Co-Morbidities and Heart Failure

Contemporary cardiovascular care demands that we not only provide high quality, evidenced-based care, but that we also focus on strategies that improve patient and family outcomes, reduce hospital readmissions and improve quality of care. One area requiring greater attention to achieve these goals is a focus on the co-morbidities that accompany heart disease and stroke. This is particularly important in heart failure care and research.

Many co-morbidities such as diabetes, hypertension, metabolic syndrome, renal dysfunction, sleep apnea, anemia and obesity accompany HF either as risk factors or developed complications. Co-morbidities compound HF treatment decisions for patients and providers and impose self-care regimens that increase the complexity or compete with HF self-care. Yet, little evidence is available to direct co-morbidity self-care.

We have elected to study self-care by patients with concomitant HF and diabetes mellitus. Long known to augment the risk for cardiovascular disease, HF increases morbidity and readmissions for persons with HF over that observed in HF patients without DM. In addition, older patients with DM who subsequently develop HF have significantly greater mortality than DM patients of similar age without HF. Younger women with DM and HF may have the worse readmission outcomes. Self-care regimens for HF and DM conflict and compete in areas of diet, medications, symptom recognition and interpretation and physical activity among others.

In our NIH NINDS-funded studies — Improving Self Management and Outcomes in Heart Failure Patients with Diabetes (R21NR011204) and Cost Effectiveness and Quality of Life in Heart Failure Patients with Diabetes (R01NR011880) — and with a multidisciplinary team, we have conducted focus groups of persons with HF-DM and their family members to glean perspectives of self-care dilemmas, designed and pilot-tested integrated self-care interventions in comparison with usual care at 90 days, and conducted a larger, longer trial of integrated HF-DM self-care interventions for effects on quality of life and health resource use. The integrated self-care intervention involves enhanced hospital discharge education, short-term follow-up care and medication reconciliation, education and counseling regarding how the diseases affect each other and self-efficacy building activities to enhance HF-DM patient self-care, diet, medication taking, symptom recognition and management, and foot care, physical activity, provider communication. To date, we have reported that the intervention was superior to usual care in improving HF knowledge, HF self-care behaviors and symptom recognition, DM self-efficacy and self-care behaviors of increased physical activity and foot care as well as improved HF physical and emotional quality of life scores as measured with the Minnesota Living with Heart Failure Questionnaire.

Continued study and analysis of outcomes including HgA1c, BNP, readmissions and health resource use, and cost-effectiveness analysis are underway. By Barbara D. Dunbar, RN, PhD, FAAN, FAHA, Francine A. Sandau, PhD, FAHA, Charles Howard Candler Professor of Cardiovascular Nursing and Associate Dean for Academic Advancement at the Nell Hodgson Woodruff School of Nursing at Emory University.

Program Committee

The CVSN Program Committee promises exciting nursing sessions at Scientific Sessions 2014 on Nov. 15-19 in Chicago. Nursing sessions cut across all of the Cores; with the exception of Core 1.

CVSN sessions will kick off on Saturday with the Early Career Program, featuring the Kathleen A. Dracup Distinguished Lecture in Exemplary Early Career Mentoring as well as presentations from other leading nurse scientists. The Sunday morning program session, “Nursing Science in Review,” will feature NIH-funded research led by nurse scientists. Another session this year, titled “Cardiovascular Research from Early Career Nurse Scientists,” will feature junior nurse scientists presenting their NIH-funded work.

Other programming includes how-to sessions, ask the experts and cardiovascular seminars on topics such as “Challenging Cases in Heart Failure,” “Issues and Dilemmas in Stroke Survivors,” “Impact of Multiple Co-morbid Conditions in CV Health,” “Recognition and Risk of Depression in Stroke Survivors and Their Caregivers,” “Understanding Genetics: Translational Primer,” “Parenting Children With Congenital Heart Disease From Infancy Through Adolescents,” a joint PCNA/AHA Prevention Committee Session, titled “Role of Physical Activity in Prevention of CVD” and many more. Scientific Sessions 2014 in Chicago will be here before you know it. Visit my.americanheart.org/sessions and mark your calendars now.

By Nancy T. Artinian