

March 2013

Southeastern Med

# QUALITY REPORT

*Heart Health*



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# Heart Health | How We Compare

It is a matter of life and death! Every 36 seconds someone dies from the number one killer in the United States: heart and blood vessel diseases. It is important to know the warning signs so you can get help right away. Acting quickly saves lives. Some heart attacks are sudden and intense, but most start slowly with mild pain or discomfort. Here are some of the signs that can mean a heart attack:

- Uncomfortable pressure, squeezing, fullness or pain in the center of your chest.
- Pain or discomfort in one or both arms, back, neck, jaw or your stomach.
- Shortness of breath with or without chest discomfort.
- Other signs include such things as breaking out in a cold sweat, nausea or lightheadedness.

If you have chest discomfort, especially with one or more of the other signs, don't wait more than five minutes before calling for help.

Southeastern Med understands the importance of keeping the heart functioning to its greatest capacity and significantly reducing any risk for future heart disease. We track specific measures to monitor the quality of our care and then compare them to national and state benchmark measures.

1

The heart is a muscle that gets oxygen through the blood vessels. If one or more of these blood vessels become blocked with a blood clot the heart will not get enough oxygen. This can cause a heart attack. Chewing an aspirin as soon as symptoms begin may help break up a clot and make the heart attack less severe. If patients have not taken aspirin themselves, they should get aspirin as soon as they arrive at the hospital.

	SEM 2009	SEM 2010	SEM 2011	SEM 2012	National Rate
Aspirin on arrival	97%	100%	89.4%	94.2%	99%

2

An electrocardiogram (ECG) is a test that can help determine if a patient is having a heart attack. Standards of care say that patients with chest pain should have an ECG as soon as possible upon arrival to the hospital, preferably within 10 minutes.

	SEM 2009	SEM 2010	SEM 2011	SEM 2012	National Rate
Average number of minutes	9 min.	8 min.	9 min.	12 min.	7 min.

3

ACE and ARBs are medicines used to treat patients with heart failure and are particularly beneficial in those patients with decreased function of the left ventricular systolic dysfunction (LVSD), or the squeezing ability of the left side of the heart. Early treatment with ACE inhibitors and ARBs in patients who have heart failure symptoms or decreased heart function after a heart attack can also reduce their risk of death from future heart attacks.

	SEM 2009	SEM 2010	SEM 2011	SEM 2012	National Rate
ACE & ARB for LVSD	100%	75.6%	80.8%	98.2%	96%

4

Beta Blockers are a type of medication that is used to lower blood pressure, treat chest pain and heart failure, and to help prevent a heart attack. Beta blockers relieve the stress on your heart by slowing the heart rate and reducing the force with which your heart contracts to pump the blood.

	SEM 2009	SEM 2010	SEM 2011	SEM 2012	National Rate
Beta Blockers	100%	91.7%	91.7%	83.3%	97%

## Exercise for a Healthy Heart

### The benefits of cardiac rehabilitation

If you've had a heart attack or heart surgery, Southeastern Med encourages you to crossover from inactivity to activity, and become an active participant in life again.

The Cardiac Rehabilitation Program at Southeastern Med aspires to improve the health and functional status of patients recovering from a serious cardiac event.

There are many benefits to participating in a cardiac rehabilitation program at Southeastern Med. A cardiac rehabilitation program can:

- Reduce your overall chance of dying from future heart problems and reduce your risk of having another heart attack;
- Improve your overall health by reducing or modifying your current risk factors for heart problems; and
- Enhance your quality of life, making it easier for you to resume normal activities such as returning to work, participating in social activities, and exercising.

The cardiac rehabilitation program at Southeastern Med includes:

- Monitored exercise sessions with continuous telemetry monitoring;
- Nutritional counseling;
- Emotional support; and
- Behavioral counseling regarding cardiovascular education and lifestyle changes to reduce your risks of ongoing heart problems.

Whether you were recently diagnosed with a cardiac condition, have been living with a condition for years, or are trying to prevent disease, an appropriate program is available for you. Upon physician approval, cardiac rehabilitation begins with a comprehensive evaluation by the medical center's expert rehabilitation team to develop an individualized treatment plan.

For more information about Southeastern Med's Cardiac Rehabilitation program, talk to your physician or call the Cardiac and Pulmonary Rehabilitation Department at 740-439-8297.



## Preparing for the Unthinkable: Signs and Symptoms of Heart Disease

You may be familiar with some of the classic signs of heart disease or a heart attack, such as chest pain, dizziness, and fatigue, but heart disease symptoms can vary between men and women. In women signs of heart disease can be subtle, and not what you might associate with a heart problem.

### Heart Disease Symptoms in Women

While some symptoms affect both men and women, the following may not seem related to the heart and are more common in women with heart disease:

- Nausea;
- Indigestion;
- Back pain;
- Pain that spreads to shoulders, neck, arms or jaw;
- Dizziness;
- Unexplained fatigue; and
- Chest discomfort.

Heart disease and heart attacks in women often do not occur until a later age, 55 and older, when women may already have other medical conditions as well. This is 10 years later than in men.

### Heart Disease Symptoms in Men

The most common heart disease symptom in men is chest pain, or angina. It may feel like pressure or heaviness in the chest, or a burning sensation similar to indigestion.

Other common heart disease symptoms in men can include:

- Irregular heartbeat or palpitations;
- Discomfort, pressure or burning in the chest;
- Feeling short of breath;
- Feeling tired;
- Swelling in the legs; and
- Fainting.

***If you experience any heart disease warning sign for longer than a few minutes, these may be heart attack symptoms and you should seek medical attention immediately.***

### What Puts You At Risk?

Many of the main factors that increase risk of heart disease are the same in both men and women, including:

- Being a smoker;
- Having high blood pressure;
- Having high cholesterol;
- Having diabetes; and
- Having a family member who developed heart disease before the age of 60.

### Could It Be Heart Disease?

If you have any of the risk factors for heart disease, call your physician for an evaluation. If a check-up reveals that you do have heart disease or a risk factor for heart disease, start taking steps for a healthier heart and to help prevent heart disease from becoming more serious.

# Success Stories

## Radial Catheterizations provide patients faster recoveries at Southeastern Med

When Michael Campbell 39, of Cambridge, was told he needed to undergo a cardiac catheterization, a procedure used to diagnose and treat cardiovascular conditions, he was anxious. Fortunately for him, a new minimally invasive catheterization approach at Southeastern Med helped put him at ease.

In September 2012, Campbell, who is a registered nurse and the director of the Intensive Care Unit at Southeastern Med, suffered with flu-like symptoms for five days. He then began to feel intense chest pains.

“My initial thought was I am too young for this to be anything serious,” Campbell said. “But the next day at work, the pain was more constant, and I was immediately rushed to the Emergency Department.”

That day Campbell was admitted into Southeastern Med for an overnight observation. After experiencing more chest pains throughout the night, Anwar Din, MD, a cardiologist on staff at Southeastern Med through The Ohio State University Heart and Vascular Center, recommended Campbell undergo a cardiac catheterization. He also suggested the radial approach, an innovative cardiac catheterization technique that reduces recovery time and bleeding. Cardiologists at The Ohio State University Heart and Vascular Center in Cambridge began performing radial artery catheterizations at Southeastern Med in April 2012.

“My father had a quadruple bi-pass when he was 44 years old, so experiencing chest pains was a really scary experience,” Campbell said. “I knew the procedure was necessary to make a definitive diagnosis and treatment, and it was especially comforting to know I had access to one of the latest procedures. Luckily for me, my results came back without any blockages, and I was diagnosed with viral myocarditis (inflammation of the heart muscle). I’m extremely grateful to Dr. Din and all my wonderful colleagues at Southeastern Med for getting me back on my feet in no time.”

Cardiac catheterizations are performed to clear blockages in the arteries with a balloon, or to insert a stent to hold the artery open. A hollow needle is inserted into an artery, which allows a long tube, or catheter, to be threaded from the entry point to the aorta and surrounding coronary arteries.

During a standard cardiac catheterization, cardiologists use a femoral artery in the groin as the point of entry. This procedure can be difficult and sometimes risky for some patients because of the risk of bleeding from this major artery. After the procedure, patients must lie flat for two to six hours in order to ensure there is no bleeding, which can be difficult and painful for some patients.

Radial artery catheterizations are performed using an artery in the wrist instead of the leg for inserting the catheter into the heart. Immediately following the procedure, patients are able to sit up, eat and walk. Patients also experience less bruising and bleeding, fewer complications and a faster recovery overall.

“The goal with heart catheterizations and any type of procedure is to reduce complications,” Dr. Din said. “There is a lower risk of bleeding with radial artery access, as only a small bandage at the wrist is required post-procedure, and patients can move about immediately after the catheterization, with no required bed rest. Many patients actually return to driving and work the following day.”

Despite the advantages to the radial artery approach, each patient must be evaluated individually to determine the most appropriate strategy. “Not everyone is a candidate for radial catheterizations,” Dr. Din said. “The arteries can close down after the procedure, causing permanent damage to the hand. Because of this risk, radial catheterizations can only be done on patients who have two healthy arteries in the wrist.”

Now almost five months after the procedure, Campbell says the only evidence that he even underwent the catheterization is a small mark on his wrist, and he’s extremely thankful that Southeastern Med now offers the radial catheterization through The Ohio State University Heart and Vascular Center in Cambridge.

“In my mind, if you’re a candidate for the radial catheterization, it’s definitely the way to go,” Campbell said. “My main concern was my comfort and safety, and this technique really put my mind at ease.”



Michael Campbell (center) with the Cardiac Cath Lab staff at Southeastern Med. From left to right: Llyod Feldner, Teresa Regan; Tom Sills and Shawn Hill.