The Leadership of the Council on Cardiovascular Nursing has spent the last few months implementing key science, membership and advocacy activities of the Strategic Plan. After a successful review and recommendations by the Committee on Councils, we have established a new Early Career Committee that will focus on membership and programming for CVN members early in their science career, and we have approved the development of a committee that will focus on research mentoring and linking with other Councils on science development. Also new this year is the development of travel awards for early career CVN members to present abstracts at Scientific Sessions. Additionally, we are exploring ways to incorporate advanced practice nurses into all of the CVN activities including programming, scientific statement writing and committees.

A special thank you to Nancy Albert and Lani Zimmerman for their work on nursing programs at the Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke 2011 Scientific Sessions (QCOR) in May. We hope to have more nursing sessions at this program in the future. And a special congratulations to incoming chair Lynne Braun, PhD, CNP, FAHA, FAAN, for receiving the Healthcare Volunteer of the Year Award.

As the time for Scientific Sessions registration begins, keep in mind CVN’s second annual early career program planned for Saturday, Nov. 12, and cosponsored by NIH/NINR. This is a “not to miss” event for anyone developing a research career in cardiovascular nursing. Also the second annual Cardiovascular Nursing Clinical Symposium is planned for bedside clinicians and advanced practice nurses during Tuesday and Wednesday of Sessions. We look forward to seeing many new and familiar faces at our meetings this year. Visit scientificsessions.org/cvncsymposium.

In writing this last Council Connections note to you as the chair of CVN, I reflect with joy on the many wonderful experiences I have had. Most of all, I have appreciated the many special, talented and committed members of CVN and AHA with whom I have had the privilege to work. Thank you for all of your past and continued contributions of time, talent and donations. Our incoming chair, Dr. Lynne Braun, will be a superb leader for CVN, bringing her vision for prevention and strong clinical science perspectives. I look forward to the next few years as she takes the helm of CVN.

A very special congratulations to Dr. Lynne Braun who was recently named AHA Healthcare Volunteer of the Year! Dr. Braun has been an active volunteer for the American Heart Association since 1980 in numerous capacities. She has served in the CVN Council as vice chair and has participated on numerous CVN committees and task forces including programming, development and international committees. On July 1, Dr. Braun will assume the position of chairperson of the Council on Cardiovascular Nursing. Dr. Braun is also on the board of the AHA of Metropolitan Chicago, the Medical Leadership Committee for Chicago’s Go Red Luncheon and the Illinois Advocacy Committee. She is an active advocate at the local and national level, participating in many of the AHA’s lobby days in Washington, D.C. For her dedicated service to improving cardiovascular disease/stroke patient care and improving the quality of healthcare delivery, we salute Dr. Braun on this outstanding achievement!
The Membership and Communications Update

The Membership and Communications Committee has been very busy this past year reviewing data and developing strategies to increase membership in the CVN Council. As of March 31, membership is 1,287, which represents an increase from last year. Our membership is diverse, ranging from early career researchers to experienced clinicians and senior nurse scientists. The CVN is proud to boast 151 fellows of the American Heart Association (FAHA).

After reviewing the CVN Council membership data, the committee decided to focus on member retention and connecting new members to the many benefits offered by AHA and CVN. Over the next year, look for membership activities targeting staff nurses, advanced practice nurses and graduate students; and programs that support the needs of new clinicians and researchers. We will be adding to the already robust features on the website like “How to write a successful scientific abstract” and “Dr. Moore’s grantwriting blog” with practical advice on writing for publication and connecting with a mentor.

We need your help! Our best recruitment strategy is our membership! As you prepare for the AHA Scientific Sessions 2011, consider inviting a student, a clinical colleague or a member of your research team. There will be a number of great opportunities for new members to network at the Cardiovascular Nursing Clinical Symposium. Learn about the many benefits of CVN membership and get involved in Council activities. Visit my.americanheart.org/cvncouncil and click on CVN Membership Benefits and Involvement Form.

Lani Zimmerman
PhD, RN, FAAN, FAHA, Chair

Recruit your colleagues to the AHA as a Professional Member

You could win yourself some cash!

Become even more involved with the AHA/ASA mission to build healthier lives, free of cardiovascular diseases and stroke by recruiting your colleagues to become an AHA/ASA member. The Member Get A Member online tool gives you the means to easily and effectively extend an invitation to co-workers, trainees and others in your profession to join AHA Professional Membership. This tool was developed with you, our member, in mind to create a user-friendly, simple way for you to grow your Council.

If every member recruited just one member, think of what an impact that would make.

Visit my.americanheart.org/mgaminfo to get started now and for contest details!

Refer a colleague to become an AHA/ASA Professional Member between July 1 and August 31, 2011 and you could win.
Fifty-one Years of CPR
Gloria Paul, MSN, RN, CCRN, ACNP-BC

Fifty-one years ago, Kouwenhoven, Jude and Knickerbocker (1960) first described CPR. The American Heart Association developed the first CPR guidelines in 1966 and has periodically updated them, most recently in 2010 (Field, et al., 2010). The new guidelines focus on strengthening the “chain of survival” in cardiac arrest care. This chain is composed of four links: early recognition and access to care, early CPR, early defibrillation and early advanced life support (Hinchey, et al., 2010). One significant change in practice for lay rescuers is the use of chest compressions only (Hands-Only™ CPR). This has demonstrated similar outcomes when compared with conventional CPR, except in children for whom conventional CPR is better (Field, et al., 2010). Perhaps one of the biggest developments is the change in the sequence of the steps from A-B-C (airway–breathing–circulation) to C-A-B (circulation–airway–breathing). This reduces interruptions or delays in administering compressions. For this reason, “look, listen and feel” for breathing has been removed from the algorithm (Fields, et al., 2010).

Ethical issues related to CPR are also addressed in the 2010 guidelines. Whitcomb and Blackman (2007) noted that failure to attempt resuscitation of a person may be interpreted as a failure to provide proper care and may violate the healthcare provider’s code of ethics. For this reason clear guidelines must be established. This involves developing protocols that when certain criteria are met, termination of efforts in the field is allowed to avoid futile transports to the hospital. This should not impact the care of potentially viable patients. The potential for organ and/or tissue donation must also be considered. Identification of patients who would not be candidates for CPR or those patients who survive without potential for meaningful neurological recovery remains a challenging and complex issue (Field, et al., 2010).

Cardiac arrest survival rates vary widely in different regions, but generally about 13 percent to 15 percent of adults who receive CPR in the hospital survive to discharge, with older adults and those with multiple comorbidities having much lower survival rates (Ramenofsky & Weissman). This is in sharp contrast to the public’s perception of CPR survival rates. Part of the public’s misperception is fueled by how television shows portray resuscitation. ER, Rescue 911, Chicago Hope, and ER’s Anatomy often imply much higher survival rates, with very few resulting complications. One study found that the average age of cardiac arrest survivors on television was 36, with the most common cause of arrest being trauma. In this study of 88 television episodes, the cardiac arrest survival rate was 46 percent (Harris & Willoughby, as cited in Cadagan, 2010). Additionally, healthcare workers also overestimate cardiac arrest survival rates in adults, with physicians estimating it at 24 percent and nurses at 30 percent (Roberts, Hirschman and Scheltema). Clearly, healthcare providers must first educate themselves about the latest evidence related to CPR and then continue to work with patients and families so that they are well-informed and more prepared to make the best decisions possible.

References