Each and every day, I am confronted with how many of our members are engaged in improving quality of cardiovascular care through their excellent practice, research to develop evidence, and leadership roles that directly relate to quality of care and initiatives to improve outcomes. As nurses, we continue to be the largest segment of the healthcare workforce, and our skills, availability, and focused engagement can directly affect quality, safety, and efficiency. In May, many nurses and their colleagues attended the QCOR program in Washington, D.C. where quality was the prime topic. A very successful preconference workshop sponsored by CVN focused on "Transitioning Patients with Heart Failure from Hospital to Home" and reviewed the evidence that may help them confront the very high 30-day rehospitalization rate. CVN members are leaders developing the science and implementing guidelines to improve quality for high-risk patients.

Her interdisciplinary program of research has led to the testing of interventions designed to 1) reduce emotional distress experienced by cardiac patients and family members and to reduce morbidity and mortality from sudden cardiac death; 2) reduce pre-hospital delay for patients with acute coronary syndrome symptoms; 3) improve self management in heart failure patients, including a focus on those living in rural areas; and 4) improve communication about palliative care in heart failure. She has successfully garnered funding for her work from the National Heart, Lung and Blood Institute; the National Institute for Nursing Research; the American Heart Association; the Department of Defense; the Department of Veterans Affairs; and the American Association of Critical Care Nurses, to mention a few.

Dr. Dracup’s professional career spans over 35 years in cardiovascular nursing education, practice and research. She is recognized nationally and internationally for her investigation in the care of patients with heart disease and the effects of this disease on spouses and other family members.

As your council chair, I encourage each of us to reflect on new and innovative ways to improve quality of care.
Quality Metrics for the Pediatric Cardiac Population
Jean Anne Connor, DNSc, RN, CPNP
Director, Nursing Research Cardiovascular Program
Children’s Hospital Boston, Boston, MA

Care of children with congenital heart disease (CHD) has been characterized as high risk or complex resulting in high resource use for institutions. The ability to identify key performance measures of care delivered by nurses in the healthcare environment is central to improving quality and reducing cost. Yet, this has been difficult due to the complexities and varieties of the pediatric cardiac patient as well as lack of historical outcomes. This article describes efforts to identify and develop nurse sensitive measures for pediatric cardiac patients using the approach of consortium/collaborative activities, engagement of innovative technologies, databases, and standardization of the language of nursing practice.

Nightingale Metrics: A Single Institution’s Experience

The Nightingale Metric Project is an example of metric development specific to pediatric cardiac nursing care in a single institution. The goal of this metric initiative was to a) identify what was important to patients and families receiving care, b) measure how often nurses performed these interventions, and c) use the data to improve care. Examples of cardiac metrics included documentation of PR interval and checking central line blood return at the start of each shift. Although most of the Nightingale metrics were primarily process measures, direct links to patient outcomes have been examined and found to improve with documentation of process measure.

Consortium Congenital Cardiac Care Measurement of Nursing Practice (C4-MNP)

As a result of the ACC experience, a formal nursing collaborative-consensus-based approach (C4-MNP) has been established to identify, adapt, develop and define nurse-sensitive measures that can be used to determine and disseminate the impact of quality nursing care across the care continuum for cardiac children. Measures will identify and examine determinants of nursing care that result in decreased morbidity, mortality, and decreased cost of care for children with cardiac disease.

American College of Cardiology Pediatric Quality Metric Working Group

In Spring 2008, the American College of Cardiology (ACC) Pediatric Quality Metric Working Group (QMWG) held an open session to develop a dashboard of pediatric cardiology-sensitive metrics. Important to the QMWG was the inclusion of a nursing-sensitive metric in the pilot group of proposed metrics. Through collaboration of nursing experts, nutrition for children with cardiac disease emerged as a critical component of pediatric cardiac nursing care contributing to overall patient outcomes. While documentation of daily fluid intake was identified as a standardized activity performed by nurses, assessment of nutritional intake of infants during hospitalization was lacking. Therefore, the metric, “Documentation of Nutrition,” was developed to promote daily documentation of feeding status and calories/kg/day for all infants ≤ to 30 days old admitted for surgical intervention or medical intervention/management for more than one 24-hour period. In April 2009, the metric was presented at the ACC annual meeting and is in the process of final vetting by affiliate groups. Next, the nursing group will focus on implementation of this measure in several pilot sites.

2010 CVN Clinical Symposium
Nov. 16–17, 2010

This cardiovascular clinical symposium is designed to provide the most up-to-date evidence-based practices to nurses who care for cardiovascular patients in order to promote optimal patient outcomes. Case studies will be presented to provide an opportunity for nurses to develop critical thinking skills when caring for patients with cardiovascular disease.

Program and speakers just announced!
Visit scientificsessions.org (click on Nursing Clinical Symposium) for more information.

Award of Meritorious Achievement

The CVN Council would like to congratulate Laura Hayman, PhD, RN, FAHA, FAAN, who received the prestigious AHA Award of Meritorious Achievement on June 23. This award is bestowed to individuals who have rendered an important service to the association, rather than for local accomplishments, which are recognized through affiliate awards. Recipients of this award are selected primarily for a specific significant accomplishment or project for the national AHA. Dr. Hayman was selected for reducing CVD risks in children and adolescents through interdisciplinary collaboration.