

Advancing heart care in Northwest Arkansas

» Northwest Medical Center–Springdale is region’s first accredited Chest Pain Center

Northwest Medical Center–Springdale (NMC–Springdale) is the region’s first hospital to receive accreditation as a Chest Pain Center (CPC) by the Society of Chest Pain Centers (SCPC) and the only hospital in Arkansas to receive Cycle III accreditation with percutaneous coronary intervention (PCI), previously called angioplasty.

“We’re proud to have earned accreditation because it attests to our unwavering commitment to excellence in cardiac care,” says Lee Christenson, chief operating officer at NMC–Springdale.

Jonathan Clopton, Ph.D., R.T. (R), RCIS, administrator of The Heart Hospital Network (HHN) explains that full Cycle III accreditation means the hospital has met the SCPC’s most rigorous criteria.

“NMC–Springdale’s accreditation indicates that the team exceeds the SCPC’s requirements for both the number of heart attack patients treated and the time to get patients from arrival in the emergency department (ED) to treatment,” says Michael Green, M.D., interventional cardiologist and medical director of The HHN’s cardiac catheterization labs. “This level of accreditation makes quite a statement about the quality of cardiac care provided at NMC–Springdale. Exceeding the SCPC’s time performance requirements and having processes and staff competencies meet the mark help ensure that appropriate treatment to minimize heart damage is administered in the safest and most timely manner possible for our patients.”

“People tend to wait to get to a hospital when they are experiencing chest pain, and that’s a mistake,” says Mark Rucker, M.D., ED medical director and CPC medical director. “The average patient arrives in the ED more than two hours after the onset of symptoms. They need to realize that the sooner a heart attack is treated, the less damage to their heart and the better their outcome.”

A task force is currently being organized to apply for CPC accreditation at NMC–Bentonville.



The CPC task force receives its official certificate from the SCPC (l–r, back row): Tracy Marchky; ED medical director Mark Rucker, M.D.; The HHN administrator Jonathan Clopton, Ph.D.; (front row) Jamye Perry; Danna Bell; task force leader Danita Mullins; director of marketing Dixie Lee Hedgecock; and Springdale Fire chief Jim Vaughan.

Not pictured are Blake Holte, Springdale Fire Department; Kim Leonard, Air Evac; chief nursing officer Caren Lyne; ER director Keith Veit; interventional cardiologist Michael Green, M.D.; Lindsey Abney; Johnice Bunch; Robin Clark; James Sledge; Dennis Miller; and Jackie Mory.

Advanced cardiac care, close to home



For more information about The Heart Hospital Network, call **1-877-40-HEART** or visit www.northwesthealth.com/hearthospital.



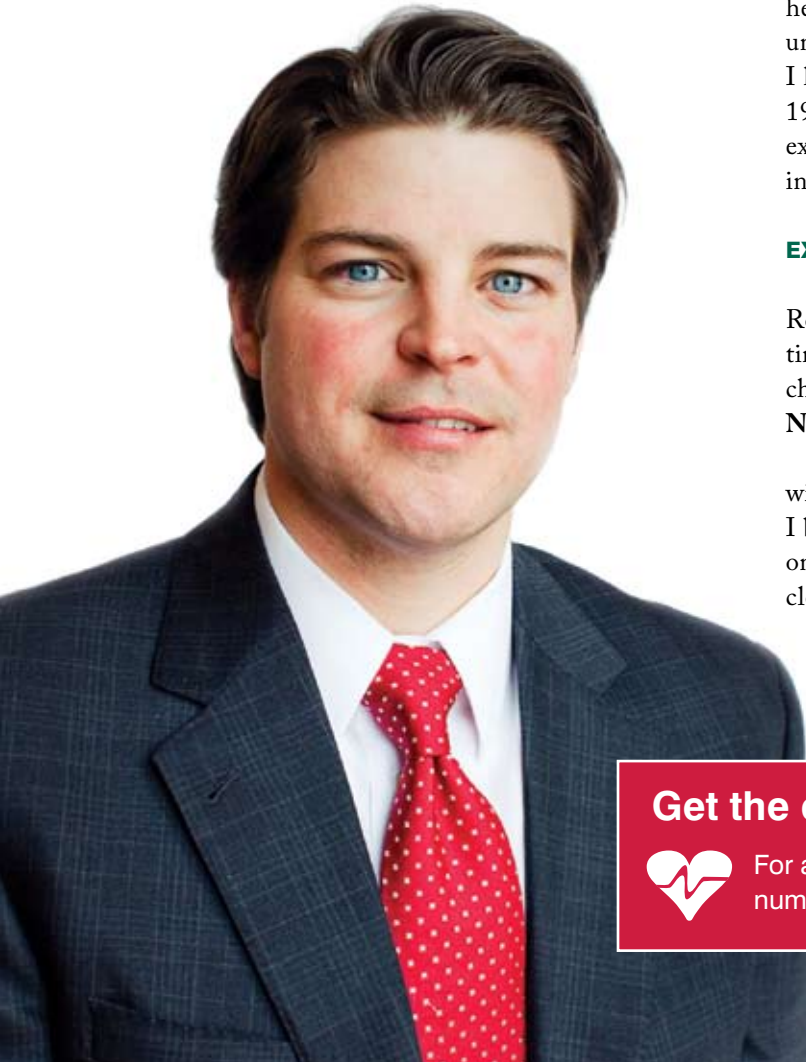
Heart to heart » Learning from survivors

» BY JASON HENDREN

After noticing worrisome symptoms of distress like sustained crying in April 1973 when I was 8 months old, my parents took me to Texas Children's Hospital in Houston. A pediatric cardiologist examined me for suspected severe congenital heart disease. It was later found to be a very tight coarctation (narrowing) of the aorta with associated severe mitral valve regurgitation.

THE HEART JOURNEY

A cardiac catheterization was performed one month later, and as a result, world-famous surgeon Denton Cooley, M.D., performed surgical repair of my aorta with a synthetic Dacron® patch.



Although the procedure was successful, the coarctation repair didn't resolve the mitral regurgitation. A repeat cardiac catheterization when I was 2 ½ years old showed a congenitally deformed mitral valve with an unusual abnormality. Dr. Cooley performed surgery again, sewing over one of the valve's openings and cinching up the other opening. This improved the function of the valve significantly but didn't cure it. The result was a slow heart rate.

As I grew older, I developed narrowing of the coarctation because the Dacron patch didn't grow along with my aorta. This caused upper-extremity hypertension. And in 1985, I underwent cardiac catheterization with balloon dilation to relieve the new obstruction. My heart rate remained slow and I was fatigued, so in 1986 I underwent the first of several pacemaker implantations. I had pacemaker replacement surgeries in Houston in 1990 and 1998, and each time the generator batteries expired. December 2006 was my last medical checkup in Houston.

EXPERT CARE, CLOSE TO HOME

In 2009, my wife, daughters and I moved from Little Rock to Bentonville, where I grew up. When it came time to have the pacemaker generator replaced again, I chose to have the procedure done not in Houston, but at **Northwest Medical Center—Bentonville**.

I had a very successful procedure and was impressed with the quality of care I received. My parents and I both marveled at the fact that such medical care—once only a dream in this area—could be found so close to home.

« Jason Hendren, NMC—Bentonville cardiac patient

Get the care you need!



For a referral to a physician, call our find-a-physician number at **1-800-734-2024**.



When you need us

» New technology at Northwest Health System provides lifesaving information fast

The Heart Hospital Network (HHN) recently advanced the care for heart patients dramatically with our investment in new technology. Northwest Health System's (NHS) 12-lead electrocardiogram (EKG) system allows the exchange of information directly between EMS and the hospital emergency room during a 9-1-1 call response.

"Our new LIFENET system gives us access to critical information so we can make significant improvements in getting patients from door-to-balloon," says Jonathan Clopton, Ph.D., R.T. (R), RCIS, administrator of The HHN. "It also allows us to concentrate on the patient, which is our primary focus."

SPEEDING UP CARE SAVES LIVES

As soon as medics establish a 12-lead LIFENET EKG in the field, they can transmit EKGs immediately, allowing everyone to better prepare for the next stage of the patient's care. When seconds count, pre-hospital EKG reporting allows the clinical teams to activate resources based on the cardiologist's recommendations.

"Saving time saves muscle," says Mark Rucker, M.D., emergency department (ED) physician. "Therefore, the earlier we can access a patient's EKG, the sooner we can start making a plan to treat the cause of chest pain. This gives the entire HHN team—ED physician, ED staff, interventional

cardiologist and cath lab staff—the ability to see and interpret EKGs before the patient's arrival, which saves time."

LATEST ENHANCED OUTCOMES

The HHN is committed to a regional approach to cardiac care. "Already, with several weeks of utilization, The HHN, Northwest Medical Center—Bentonville and Springdale have seen improvements in patient care and efficiencies," says Tripp Smith, chief operating officer at Northwest Medical Center—Bentonville.

"Any process is smoother and more efficient when everyone works together toward the same goal of providing top-quality cardiac care," Dr. Clopton says. "LIFENET creates a platform that links the pre-hospital environment with the hospital environment simply and easily. This allows EMS crews to focus on the patient—not the technology. The investment in LIFENET provides an integrated solution for managing emergent patient data, efficiently coordinating response teams within and between care areas and reducing time to treatment."

Visit us online!

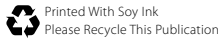


For more information about our cardiac services, visit www.northwesthealth.com/hearthospital.

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Spotlight on one patient's experience with The Heart Hospital Network

Each day, there are many instances of enhanced patient care delivered by members of The Heart Hospital Network (HHN) at Northwest Health System.

ONE INSTANCE OF CARE

In early March, the impressive door-to-balloon response time (as seen below) was the result of the collaborative approach between EMS, emergency department (ED) staff, cardiac catheterization lab teams and cardiologists.

TIME	ACTION
8:17 a.m.	A 9-1-1 call is placed.
8:25 a.m.	EMS arrives, and after having to enter the house through a window to get the door open, a 12-lead electrocardiogram is completed. EMS calls the ED at Northwest Medical Center–Springdale and reports a CODE STEMI (heart attack). The ED physician calls a CODE STEMI and activates the cath team.
8:44 a.m.	EMS arrives at ED and the ED physician, a cardiologist and the cath lab team evaluate patient on arrival.
8:45 a.m.	The patient is sent to the cath lab.
8:55 a.m.	A balloon angioplasty is performed, restoring blood flow and oxygen to the heart vessel.

- Time from ED arrival to cath lab = **1 minute!**
- Time from ED arrival to balloon procedure = **11 minutes!**
- Time from 9-1-1 call to balloon procedure = **38 minutes, 25 seconds!**

WE COULDN'T DO IT WITHOUT YOU!

Thanks so much to the Springdale Fire Department EMS for its rapid response. This is the best door-to-balloon time for Northwest Medical Center–Springdale to date.

We'd also like to thank the following members of The HHN staff who were involved:

» ED PHYSICIAN

Byron Garibaldi, M.D.

» ED TEAM

Nan Kosur, R.N.
Laurie Morgan, R.N.
John Stevens, R.N.
Tina Hill, R.N.
Michelle Contreras, W.S.

» SPRINGDALE EMS SQUAD 5

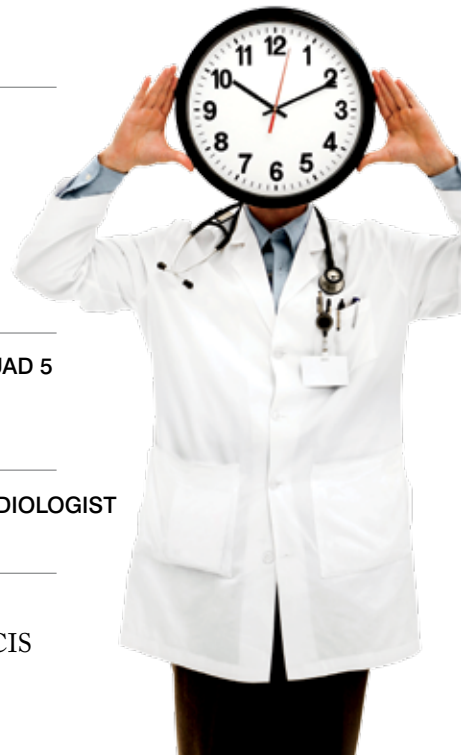
Matt Chacanaca
Matt Fritchie

» INTERVENTIONAL CARDIOLOGIST

Michael Green, M.D.

» CATH LAB TEAM

Justin Kelley, R.T. (R), RCIS
Joe Owen, R.N.
Cara Billington, R.N.



Care for you heart!



For questions about our cardiac services, call
1-877-40-HEART (1-877-404-3278).