

# The Cardio Version

## It's Our First Edition!

Welcome everyone, to the first edition of The Cardio Version. The Cardiac Sciences Education Committee (CSEC) has created this newsletter as a platform to share information with health care practitioners working in Cardiac Sciences. Our goal is to share current news, events, and knowledge across departments.

We will provide this newsletter on a quarterly basis, and we hope you find it

to be an informative resource for your practice. With each edition, we look forward to any comments, contributions, and insights from the readers that will further shape future publications. If you have an idea for an article in this newsletter, please send us an email.

*The Cardiac Sciences Education Committee*



If you would like information about the CSEC, future in-services, or you would like to submit an article for the fall edition please email us at:

[csecva@vch.ca](mailto:csecva@vch.ca)

## Congratulations to the Newly Certified Cardiovascular Nurses for 2014!

We applaud your leadership and your demonstration to commitment to your profession. It is clear that you appreciate the value of certification and the enhanced professional credibility that comes with a dedication to be the best. For information about cardiac specialty certification, please contact your educator.

**By: Pam Colley**

### Cardiovascular Nursing CNA Specialty Nursing Certification

- Clara Shin (CP10)
- Danielle Robitaille (Cath Lab)
- Emily Trew (CSICU)
- Kimi Manhas (AFib clinic)
- Meghan Asher (CCU)
- Nazanin Barati (CCU)
- Ronilo Lascano (CCU)

## Do you have a burning practice question?

The VCH Research Challenge provides support, mentorship and **funding** for nursing and allied health wanting to conduct their own research projects.

**Deadline to apply June 1 2015.**

If you are interested in this great learning opportunity, email your educator or [Priscilla.Taipale@vch.ca](mailto:Priscilla.Taipale@vch.ca)

# History of The Cardiac Sciences Education Committee

During the 5 years I spent in The Coronary Care Unit (CCU), I found that learning was a continual process. There were always advances in procedures, policies, and technology which impacted patient care. However, I noticed there was a lack of opportunities for front line staff to receive academic based teaching. I recall a specific time, where we had began to use Ticagrelor, an anti platelet medication, for patients receiving percutaneous intervention.

During cardiology rounds in CCU, the medical team, discussed the rationale for using Ticagrelor instead of Plavix, (the previous gold standard). There were also plans to implement new regional NSTEMI and STEMI protocols, which included this new drug. Despite being front line staff, the nurses lacked appropriate education to these changes. This particular situation along with feedback from

my colleagues prompted me to form the Cardiac Sciences Education Committee (CSEC).

The goal of the CSEC was to provide a grass roots approach to education for nursing staff. Specifically, and most importantly as nurses, we felt it was necessary to go beyond simply doing tasks; we wanted to learn why the tasks were being done.

Our first steps were approaching the CCU director, Dr. Graham Wong. As expected, Dr. Wong was tremendously supportive, and we launched our first inservice on April 2013. Since then, I collaborated with Pam Colley, the Nurse Practitioner for the AF Clinic, who started the Cardiac Nursing Rounds and we integrated these two programs. Major highlights thus far include, our most recent Heart Failure in-

service, where staff working in multiple roles in several areas were in attendance .

Personally I would like to thank Minette Walker, Rusty McColl, Erin Tang, Priscilla Taipale., Sarah Fleming, and Patrick Teodosio who have supported the growth of the CSEC. I would also like to thank Dr. G. Wong, Dr. K. Gin, Dr. D. Woods, Dr. M. Bennett, Dr. S. Virani, Dr. J. Saw, Pam Colley, Nola Wurtele, Alex Tripunov, Leslie Tomlinson, Gwen Farrell, Carolyn Whittow, and Jennifer Hentzen, for their contributions to staff education.

Lastly, thank you to the Cardiac Sciences staff, whose continued support has inspired the CSEC to continue moving forward .

*Kimi Manhas*



## Cardiac Research

### A Prospective Randomized Placebo-controlled Study of the Effect of Eplerenone on Left Ventricular Diastolic Function in Women Receiving Anthracycline Therapy for Breast Cancer

*Principal Investigators: Dr. Sean Virani & Dr. Margot Davis.*

Doxorubicin and other anthracyclines are commonly used to treat breast cancer and other types of cancer. Unfortunately, they can cause heart muscle damage, resulting in scarring, abnormal contraction and relaxation, and heart failure symptoms. This side effect occurs more frequently at higher doses, and limits the total dose that can be given to cancer patients.

**Eplerenone** is an oral medication that prevents or reverses heart damage in other disease states, and is commonly used to treat heart failure. **Eplerenone** inhibits enzyme pathways that cause scarring of the heart, and animal studies suggest that anthracyclines cause damage through these same pathways.

This study aims to investigate whether **eplerenone** protects the heart from the harmful effects of

doxorubicin chemotherapy. Specifically, it will measure the effect that **eplerenone** has on heart muscle relaxation.

Women with stage I-III breast cancer, undergoing chemotherapy with doxorubicin will be randomized into a treatment or control group (with placebo). Heart muscle relaxation will be measured at baseline, after completion of chemotherapy (8-12 weeks), and after 6 months.

## Cardiology Staff Development Fund

The cardiology staff development fund supports allied health to enhance professional development. The fund was created and financed by the VGH cardiology division and matched by The Foundation as they believe in supporting the people they work beside everyday.

The cardiology staff development fund for **2014** supported 27 staff members and provided **\$15 545.22** for conferences or workshop attendance fees. The successful recipients are the following:

*Claire Kariya – Cardiac Dietician (ASPEN Clinical Nutrition Week)*

*Daina Collet & Leone Medwid – Heart Services (Heart Rhythm Society Conference)*

*Xi Xu & Hitomi Bailey – Echo (American Society of Echocardiography)*

**The following staff members received funding to attend the 2014 Canadian Cardiovascular Congress in Vancouver.**

**CCU:** Nancy Sweetapple, Courtney McCaffery, Lisa Khudra, Win Poon, Erin Davis

**CP10:** Jeremy Go, Patrick Teodosio, Amy Desouza, Florence Chang, Suzanne Wurtele, Erica

**Cath Lab:** Minette Walker, Joanne Gamache, Teresa Sawyer, Danielle Robitaille, Andrew Busch

**Heart Services:** Jasna Djurcic, Nancy Lord, Gurinder Dhillon, Rheana Pal, Lynn Le-Tang



**Heart Function Outpatient Clinic**  
- Erin Tang

The staff funding is available to cardiac sciences staff. To apply for funding, staff must meet the required criteria and share their knowledge after their event. This can be done with the support of the Cardiac Science Education Committee. To find out more information please contact your educator, PCC or manager for your area.

**By: Pam Colley**

## BIG Bike!

The VGH Cardiac Heart Throbs claim to know a bit about hearts! On May 28, 2014, the 80's "Let's get Physical" themed crew of 30 flexed their neon spandex and head bands on the Heart and Stroke Big Bike. Riders from all areas of heart services at VGH jumped aboard the bike and showed their spirit and support.

The Big Bike was rocking and bouncing to our "Girls just want to have Fun" music while peddling through the streets. The VGH Cardiac Heart Throbs raised almost \$17,000 for Heart and Stroke Foundation, currently making us the number one fundraising team in Vancouver! To add to the excitement and motivation a friendly chal-



lenge was made with the St. Paul's Masked Heroes.

We are planning for our 5<sup>th</sup> ride in 2015! Come out and join the fun on May 28, 2015! or more information contact Pam Colley or Sherry Marks.

**By: Pam Colley**

# “Take Charge of Your Heart Failure” HF Seminar 2015

This year, the Cardiac Heart Function clinic hosted the 6<sup>th</sup> annual Heart Failure Seminar for patients. Heart failure experts were brought together with goal of informing and empowering patients to take control of their heart health. The evening started with an expo of heart healthy informational booths. From the smoking cessation clinic to heart healthy food alternatives such. Over 140 attendees gathered to share their experiences, and try some heart healthy snacks.

Heart failure cardiologist, Dr. Lynn Straatman started the evening seminar by reviewing the essentials to recognizing worsening heart failure symp-

toms and how to address them. Bonnie Wong and Kayla Fang, (pharmacists) described goals of pharmacological heart failure treatments.



Lifestyle changes through diet is an integral part of successful heart failure management. Guest speaker dietician

Michele Blanchet stressed the importance of salt and fluid control to manage HF symptoms. Lastly, Dianne Ross, cardiac function CRN addressed the often 'taboo' topic of making decisions about advanced health care.

One patient remarked that he "...learned a lot and found the session very informative, if not somewhat sobering."

To date, this year's HF seminar was the largest ever event hosted by the VGH Cardiac Function Clinic. The positive feedback and success ensured that this tradition will continue for next year!

**By Erin Tang**

## Spontaneous Coronary Artery Dissection

Dr. Jacqueline Saw, is an interventional cardiologist and world renowned expert on Spontaneous Coronary Artery Dissection (SCAD). She recently presented to over 50 staff members during a Cardiac Sciences Education seminar.

SCAD is defined as "non-traumatic and non-iatrogenic separation of the coronary arterial wall by intramural hemorrhage creating a false lumen, with or without an intimal tear... resulting intramural hematoma (IMH) compressing the arterial lumen, compromising antegrade blood flow to varying degrees, and resulting in subsequent myocardial ischemia or infarction". Medical treatment includes antiplatelets and beta blockers, and recommendation for stenting or surgery depends on their clinical status and the dissected coronary anatomy. The long-term outcome of patients who survive their SCAD event is generally good, however, they are at risk for recurrent dissection and major cardiovascular events, and therefore need to be monitored by a Cardiologist.

There is an association between SCAD and fibromuscular dysplasia (FMD). Most women with non atherosclerotic SCAD were found to have FMD in another vascular territory; seemingly healthy patients had underlying coronary FMD predisposing them to coronary dissection. For this reason, when treating patients with a known diagnosis of FMD, or young women without traditional risk factors, the care provider should keep the potential risk of SCAD in the forefront.

**By: Kimi Manhas**

