

Women and heart disease:

How does your cardiac program rank?

New and established heart centers are beginning to concentrate on cardiac issues specific to the care of women.

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Abstract: To remain a leader in healthcare services, use these outlined steps to determine how your organization treats heart disease in women. [Nurs Manage 2005;36(9):72A-72B]

How do you start to transform the long-ingrained opinions that heart disease primarily affects men?

Most people are surprised when told that not only is heart disease the number-one killer of women, but that more women die from heart disease than breast cancer. According to the American Heart Association, nearly 500,000 women die each year from heart disease.¹ And although today's advances in cardiology are many, 38% of women will die within 1 year of a first heart attack. Clearly, we can and should do a better job at treating women with heart disease.

These facts haven't gone unrecognized by the healthcare community, which produces a wealth of educational literature, Web sites, and symposiums focusing on women's heart care. Additionally, new and established heart centers are beginning to concentrate on cardiac issues specific to the care of women. These efforts do demonstrate favorable steps for progress, but more is needed to reduce the alarmingly high mortality rate. Recent research reveals a disparity between the cardiac treatments given to females versus males. The dramatic improvements in pharmaceuticals, time to treat-



ment, interventional cardiac catheterization, and cardiovascular

surgery aren't consistently applied to both genders.

Resolving inequities

The following organizational steps can be useful in resolving cardiac care inequities:

◆ **Begin at the organizational level by providing educational programs to your nursing staff and physicians with topics such as:**

—the prevalence of heart disease among women

—identification of cardiac symptoms in women

—primary prevention methods.

This fundamental intervention is a vital foundation to effect a change in medical practice that can save women's lives.

◆ **Formulate a community awareness program to address issues on the following:**

—risk-factor identification specific to women

—risk-factor reduction methods specific to women

—identification of cardiac signs and symptoms specific to women

—discussion topics with your physician

—cardiac screenings.

Hospitals offering these programs report capacity attendances and waiting lists for sessions, supporting evidence that there's need and interest. The programs serve two objectives: providing a needed educational opportunity for the women in your community and showcasing your cardiac services.

Developing a program

Since cardiac disease is a chronic condition, a disease management model should be used. Develop organizational strategic initiatives to provide continuous services that will significantly impact this condition. (See "Sample outline.")

Trendsetter programs are paving the path for others to follow by providing proof of the clinical and financial benefits to offering a cardiac program specific to women.

Sample outline

Note the following developmental steps that aid in supporting the feasibility of a women's cardiac program.

Market analysis:

Review your cardiovascular (MCD5) demographic information for your primary and secondary market.

Separate your population by gender and age groups, beginning with 45 years old.

Compare your cardiovascular specific market share percentage against your major competitors.

Determine the opportunity for cardiac services growth.

Assess current women's programs and services:

Include all women's services cardiac and noncardiac programs.

Equipment needs

Personnel needs

Location of programs

Organizational structure/reporting relationships

Develop women's cardiac program model

Identify internal champions.

Form task force of key individuals involved in women's health.

Identify task force objectives and mission.

Identify cost/benefit to program development.

Develop timeline for program implementation.

Develop reporting structure for program.

Communicate findings to organization.

Implement initiatives.

Measure results/outcomes

Trend cardiac diagnostic and interventional volumes.

Trend noncardiac women's services volumes.

Survey patient satisfaction.

Survey physician satisfaction.

Track time to treatment separated by gender.

Track mortality data separated by gender.

Research on the profitability of women's cardiac programs demonstrates a favorable bottom-line impact. Additional noncardiac diagnostic testing is reported to increase as a result of these programs. This research provides the evidence of the value of directing organizational efforts toward provision of women's cardiac services.²

For many years it has been known that women are the primary decision makers in healthcare. Hospitals have responded to this by developing women's health centers that address ob/gyn needs, screening for osteoporosis, and breast care. These programs were developed to meet what was considered to be the most pressing health issues for women, but by

continuing to offer only these services, they fail to address heart disease.³ Seize the opportunity to become a "full-service" women's health program by providing women's cardiac services. **NM**

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