PHYSICIAN SPOTLIGHT: Dr. David Carter
Heart disease no longer “just for men”

Although heart disease is sometimes thought of as a “man’s disease,” it is the leading cause of death for both women and men in the United States. According to the American Heart Association, heart disease and stroke are still the No. 1 and No. 3 killers of women. In fact, while 1 in 30 American women die of breast cancer, about 1 in 3 die of cardiovascular disease.

What makes treating and preventing cardiovascular disease in women so difficult? According to Dr. David Carter, cardiovascular and thoracic surgeon, the biggest challenge for physicians is in “our thinking”.

“Our biggest problem is not thinking about heart disease when it comes to women. When a man comes in experiencing chest pain, heart disease is the first thing we think of and immediately start looking at the coronary side,” said Dr. Carter. “When a woman comes to the office experiencing chest pain, the symptoms are often attributed to gastrointestinal disease or reflux.”

Adding even more complexity to this problem, Dr. Carter says women – particularly younger women – have caught up with men in numerous ways when it comes to smoking, lung disease and heart disease.

“We are now seeing young women, in their 40s and 50s, with heart disease. While the average patient is still a 72 year old male, we are falling out of those historic trends and seeing much younger men and women patients,” said Dr. Carter. “A 45 year old woman with a bad case of heart disease takes you by surprise.”

With advances in technology and minimally invasive techniques such as endovascular grafting, percutaneous heart valve replacement and robotic surgery, Dr. Carter says the field of cardiovascular surgery is improving and changing drastically. Texas Health HEB is one of Tarrant County’s first hospitals to offer cardiothoracic surgery using the da Vinci® Surgical System. Despite new technologies, Dr. Carter still says “prevention is better than treatment.”

“Patient education is critical to positive outcomes. We need to focus on the same risk factors and use the same checklist for women, as we do for men – family history, hypertension, diabetes and smoking. If we focus on that, along with guidelines and tools from the American Heart Association, together we can save someone’s mother, daughter or sister.

Dr. Carter received his medical degree from University of Texas Southwestern Medical School in Dallas, Texas, and has been a member of the Texas Health HEB Medical Staff since 1987. He specializes in cardiovascular and thoracic surgery.
MEET OUR DOCS

Michael J. Duran, M.D., F.A.C.C.

**Specialty:** Cardiovascular Disease and Interventional Cardiology

**Medical Education:** New York Medical College

**Special Recognition:** American Heart Association Northeast Tarrant County Cardiac Care Provider of the Year 2003

**Professional Organizations:** Alpha Omega Alpha Medical Honor Society, American College of Cardiology Fellow, Tarrant County Medical Society and Texas Medical Association

**About Michael:** Dr. Duran recently completed his two-year term as chief of the Medical Staff at Texas Health HEB. Prior to starting his practice, he spent nine years on active duty in the Navy, including two years as a staff cardiologist at the Bethesda Naval Hospital and two years in the office of the attending physician to the U.S. Congress.

**What is the biggest challenge when it comes to treating and preventing cardiovascular disease among women?**

Awareness is still a big issue. Sometimes symptoms can sound like other issues, so a majority of women don’t recognize or believe their symptoms are related to heart trouble. The biggest challenge is still sorting out when to be concerned.

**If you were talking to a new physician, what words of wisdom or lessons learned would you share about this topic?**

Maintain an open mind. We see heart disease on both ends of the spectrum – men and women; young and old. Stress test and angiograms are great resources, but I would also encourage them to go back to the basics of taking a really good history and physical. It’s also important to take time and listen to the patient’s story.

Iyad Rashdan, M.D.

**Specialty:** Interventional Cardiology and Cardiology

**Medical Education:** Damascus University Medical School

**About Iyad:** Before coming to the United States, Iyad grew up in Damascus, Syria. He also lived and studied in Paris, France and Montreal, Canada where he had the opportunity to compare health care in different countries. Iyad and his wife, Iman Ali, a rheumatologist, have three children: Hannah, Zane and Sarah.

**What is the biggest challenge when it comes to treating and preventing cardiovascular disease among women?**

Heart disease in women is generally more severe and has a worse prognosis. It often has a typical presentation and the available diagnostic tools have lower sensitivity and specificity than in men. These factors lead to a delayed diagnosis.

**If you were talking to a new physician, what words of wisdom or lessons learned would you share about this topic?**

Pay careful attention to women’s anginal equivalent symptoms. Early treatment is key to improved outcome.

Let’s Go Red!

Go Red is the American Heart Association’s (AHA) nationwide movement that celebrates the energy, passion and power of women to band together and wipe out heart disease.

Texas Health Resources and Texas Health HEB are working with the AHA to not only educate women on their greatest health threat, but to also help them understand what lifestyle changes they can make to improve their heart health. From weekly health tips posted on the Texas Health Heart blog to a series of free lectures led by heart disease experts, we encourage you to get involved!

If you are a physician interested in supporting or participating in upcoming Texas Health Go Red for Women activities, contact Felicia Walker, Senior Communications Specialist, at FeliciaWalker@TexasHealth.org or (817) 433-6558.

For more information, patient stories and health tips visit www.TexasHealth.org/Heart.

Kudos to the following physicians whose patients gave us feedback on their patient experience:

“Dr. [Melissa] Johnson was awesome.”

“Dr. Elieson has wonderful bedside manner.”

“We would like to thank ... Dr. Cipriano and Dr. Wheeler...”
Texas Health HEB promotes Heart and Vascular services and physicians

In conjunction with Texas Health Resource’s current Heart and Vascular Services branding campaign, Texas Health HEB recently launched a marketing campaign to promote the hospital’s Heart and Vascular Services, including prestigious designations and accreditations, as well as advanced technology.

In addition to being an accredited Cycle III Chest Pain Center by the Society of Chest Pain Centers and designated a primary Stroke Center by The Joint Commission (TJC), Texas Health HEB is one of Tarrant County’s first hospitals to offer cardiothoracic surgery using the daVinci® Surgical System.

Most recently, Texas Health hospitals were among the first in the nation to launch the use of a new diagnostic technology called AirStrip CARDIOLOGY™, which delivers real-time EKGs from EMS directly to doctor’s and nurses’ smart phones and tablets.

In October, a heart-and-vascular-dedicated issue of Texas Health magazine will be released to more than 352,000 households across Tarrant County. Several articles will feature physicians on the Texas Health HEB medical staff, including Stephen Hurlbut, M.D., neurologist; John Naus, M.D., psychiatrist on the medical staff at Texas Health Springwood; Michael Duran, M.D., cardiologist; and David Eisen, M.D., cardiologist and electrophysiologist.

Important Information and Reminders

- **New Navigcare Nurse Call System**
  Texas Health HEB is installing a new nurse call system on PCU, CSU, OCU, Tower 3 and Tower 4. The project will involve moving staff and patients to a temporary location on the Express Admissions and Discharge Unit (EADU) and Tower 3 during installation. Contact Medical Staff Services for more information and scheduled move dates.

- **New direct admit process**
  Physicians can now call Case Manager Ann Klepper at (817) 848-4740, to obtain an encounter number for patients. The process will take approximately 5 – 10 minutes and can be provided even if the bed is not currently available. Once the encounter number has been provided, the admitting physician should access CareConnect to give admission orders and complete dictation. Please wait until you receive a bed assignment before sending the patient to the hospital.

- **CareConnect annual upgrade**
  CareConnect Version 10 is here! To view a PowerPoint presentation outlining the new features and changes, see the “What’s New” section of CareConnect. Members of the THHEB Customer Engagement team will be available throughout September to provide on-site training and answer questions. See dates and times below.

  **Physician’s Dining Room**
  Monday – Friday, 11 a.m. – 2 p.m.
  Available until September 23

  For more information please contact any member of the THHEB Customer Engagement Team or THR Service Desk at extension 4357 (HELP).
This publication summarizes new and revised policies approved by Medical Board from each of their meetings and other important information Medical Staff members need to know. For more information regarding items noted in this summary, please contact Nancy English or Cathy Starnes in Medical Staff Services at 817-355-7800.

August 2011 Medical Board Approvals

- **Use of Masks During Neuraxial Procedures** – Medical Board strongly recommends all physicians wear masks when performing neuraxial procedures.
- **Isolation Signage** – Four new isolation signs were approved: Contact Precautions x 2 (one for C-Diff and one for other cases), Droplet Precautions, and Airborne Precautions. The colors of the signs have changed, but the wording remains the same as before.
- **Pharmacy**
  - **Statin Auto-Substitution Revision** – Therapeutic substitution of Simvastatin 80mg to Atorvastatin 40mg and the addition of Lipitor 5mg auto-switched to Simvastatin 10mg.
  - **Auto-substitution to Liquid Meds for Feeding Tubes** – Auto-substitution to liquid medications, if available, for patients on feeding tubes
  - **Pharmacy IV to PO Conversion Guidelines** – Revised to add:
    - Metoclopramide (Reglan®) and MVI to the list.
    - Azithromycin (Zithromax®) and Doxyclycline (Vibramycin®) to the list of antimicrobial agents.
    - The following statement: “If patient meets criteria the pharmacist will automatically D/C the IV order and enter the PO order. The conversion will be noted as an i-vent in pharmacy communication and in administration note.”
  - **Therapeutic substitution from Novolin to Humulin Products (excluding Levemir) per substitution chart.**
  - **Antibiotic Stewardship Committee** – Re-implementation of the Antimicrobial Ad hoc Committee with the purposes of improving the overall use of antibiotics, preventing or retarding the emergence of resistant organisms, improving patient outcomes and decreasing healthcare costs. Dr. Nikhil Bhayani will chair the committee, which is slated to meet quarterly beginning October 2011.
  - **THHEB Formulary Changes**
    - Addition of Nebivolol (Bystolic)
    - Deletion of oral Terbutaline
  - **THR Clinical Guideline: Influenza & Pneumonia Vaccination Screening and Administration** – Revision to paragraphs 1.0 through 5.0, which include the Influenza Vaccination Guidelines, and paragraphs 7.0 through 9.0. The pneumococcal portion of the guideline (paragraph 6.0) will be revisited at a later date.
  - **Adverse Drug Reactions** – [New] The purpose of this policy is to establish guidelines for reporting ADRs (Adverse Drug Reactions).
  - **Automatic Intravenous to Oral Conversion (PC4.09)** – [Revised] The policy was revised to address the Pharmacy IV to PO Conversion Guidelines (as noted above in item 4).
- **Bedside Medications for Self Administration** – [New] The purpose of this policy is to establish a policy for self administration of medications by patients.

- **Drug Distribution: Compounding** – [New] With this policy, THHEB will allow orders for compounded drugs or drug mixtures not commercially available as appropriate to meet the needs of the patient population, following applicable state and federal law, rules and regulations. This policy also is a TJC requirement.

- **Drug Storage, Security, Handling & Disposition** – [New] The purpose of this policy is to ensure medications are properly and safely stored, and are handled, dispensed of and returned to storage according to guidelines.

- **Initiation of Medical Board Protocols** – [New] The purpose of this policy is to establish a process and provide guidelines for Clinical Pharmacists at THHEB and Springwood to implement or modify drug therapy orders pursuant to Medical Board approved protocols and directives.

- **Managing Drug Shortages** – [New] The purpose of this policy is to establish a general process for medication inventory management in preparing for and working through manufacture/wholesaler shortage situations, and to assure Medical Staff involvement, responsibilities and communication.

- **Medication Errors** – [New] The purpose of this policy is to establish guidelines for the reporting of medication errors. The policy reflects the SALT severity scale.

- **Medication Management System** – [New] The purpose of this policy is to ensure medication use within the organization is conducted in a safe and optimal manner. This policy is required by TJC.

- **Multi-dose Vials** – [New] The purpose of this policy is to ensure safe and proper use of multi-dose injectable containers in the hospital. The standard and preferred container is a single dose or unit of use vial.

- **Pediatric Medication Administration** – [New] The purpose of this policy is to establish guidelines for the pediatric age range and administration of high risk medications for the pediatric population. The medications and practices are in accordance with the National Patient Care Guidelines for the American Academy of Pediatrics. Attachment A, High Alert Medications, did not change from what was in the nursing policy.

- **Recalls and Discontinuation of Medications** – [New] The purpose of this policy is to ensure all recalled and discontinued products are removed from use immediately; to reduce the chance of a compromise in patient care or safety; to notify staff of such recalls and to attempt to identify and inform patients that may have received the product.; and, to comply with FDA laws concerning recalled drugs and report any drug product defects to the necessary authorities.

- **Storage and Handling of Insulin Orders** – [New] The purpose of this policy is to handle insulins (sic) in a consistent manner, increasing patient safety.

- **Podiatry Privilege Form** – Addition of a separate privilege for “Wound Care in the Wound Care Clinic”.

- **Procedural Consents** – Enforcement of:
  1. Current policy that require physicians to physically sign the appropriate consent form prior to beginning any procedure; and,
  2. Signing of the consent will be part of the “time out” and the patient safety checklist; and,
  3. Non-compliance of this policy will be considered a deficiency in medical records documentation for the purpose of weekly delinquency reports and the suspension process.

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**Thank you for helping us meet our Appropriate Care Score Threshold Targets for 2011!**