

## American College of Physicians unveils tools to improve acute coronary syndrome care

April 12 2013

---

The American College of Physicians (ACP) today unveiled two evidence-based interventions and two videos to improve the health outcomes of patients in the first year following an initial acute coronary syndrome (ACS) event such as heart attack and unstable angina (chest pain or discomfort but no part of the heart muscle dies), the most common indications of ACS.

About five million [patients](#) in the U.S. are at risk for ACS and approximately 134,000 die from it every year. ACS results in almost 1.2 million hospitalizations annually with 70 percent of those from [heart attack](#) and 30 percent from unstable angina.

ACP's Initiative on [Acute Coronary Syndrome](#) aims to bridge the communication gap between clinicians and patients in the home or hospital. Because care in the 12 months after an initial ACS event is so important, the initiative focuses on improving [health outcomes](#) in the first year utilizing four key interventions suited to the varied needs of patients and clinicians: a patient guide, a clinician support tool, and two videos.

"These easy-to-understand, straightforward materials in multiple formats will facilitate communication between clinicians and patients, helping to prevent instances of and improve treatment of heart attack and [unstable angina](#)," said David L. Bronson, MD, FACP, president, ACP.

## **"Keeping Your Heart Healthy: What You and Your Family Should Do"**

This reader-friendly educational guide is designed to enhance patient-clinician communication by helping patients and caregivers talk to the physician and other members of the health care team and encouraging them to ask questions. The guide includes information to help patients maintain a [healthy heart](#) with sections on lifestyle modifications, medications and supplements, and recovery issues, such as when to go back to work and when normal activities can be resumed. Color coded sections further emphasize necessary actions such as when to call 911 (red) or the doctor (yellow).

## **"Practice Guide for the Post Acute Coronary Syndrome Hospitalization Office Visit"**

This decision support tool enables busy clinicians to make the most of the first post-discharge office visit. Assessment suggestions, such as medication adherence and [lifestyle modifications](#), include a corresponding intervention, such as teach-back or reviewing approved physical activities like walking or driving.

In addition to these print materials, two patient videos geared toward empowering patients to actively engage in their care have been produced: "Discharge from the Hospital" and "Medications after a Heart Attack."

"By working with experts in clinical practice, health care quality, and patient advocacy to develop interventions that close gaps in understanding and communication, ACP has developed interventions to improve patient comprehension and management of ACS," said Doron Schneider, MD, FACP, chief safety and quality officer, Abington Health

System and a member of the initiative's National Steering Committee.  
"Improved patient understanding coupled with evidence-based practice is essential to better health outcomes."

Members of the National Steering Committee that developed the interventions include experts from ACP, the American Academy of Physician Assistants, the American Association of Critical-Care Nurses, the American College of Cardiology, the American Pharmacists Association, The Joint Commission, the Society for Cardiovascular Angiography and Interventions, and America's Health Insurance Plans.

**More information:** [www.acponline.org/acs](http://www.acponline.org/acs)

Provided by American College of Physicians

Citation: American College of Physicians unveils tools to improve acute coronary syndrome care (2013, April 12) retrieved 20 April 2024 from <https://medicalxpress.com/news/2013-04-american-college-physicians-unveils-tools.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.