

### **Cardiac Monitor — a resource for you**

*Cardiac Monitor* highlights the latest news in cardiac care and features helpful information about diet and exercise, medication and prescription updates, upcoming educational opportunities, and ongoing profiles of different Mercy services.

Distribution of *Cardiac Monitor* is intended for patients who are active participants in any of the Mercy Heart Institute Cardiovascular Disease Management programs, or who have had a recent hospitalization for a cardiovascular-related condition. The information included in this newsletter is provided as an educational service. If you wish to be removed from the mailing list, please call (916) 733-6966.

## Cardiac rehabilitation evolves to meet patient needs

By David Magorien, MD, and Stephen Morrison, MD

Cardiac rehabilitation, or cardiac rehab, first began as a way to provide therapeutic exercise to patients after a heart procedure. Passive range of motion exercises were given to patients confined to their hospital beds, and many days later they were cautiously walked in their rooms.

Since that time cardiac rehab — now called cardiac conditioning — has grown to include many outpatient programs designed to provide ongoing maintenance for cardiac patients who still want to participate in an observed exercise setting. The evolution has continued, partly in response to new and improved medical procedures and partly due to financial reasons.

With advances in medical procedures, the amount of time that the patient spends in the hospital has decreased. This allows patients to continue their recovery in the comfort of their own home; however, there is less time for our hospital staff to educate patients about cardiac disease and rehabilitation and lifestyle modifications to reduce the risk of future heart problems. Therefore, the role of cardiac conditioning has become even more vital as an extension of the care we provide our patients.

Cardiac conditioning is designed not only to rehabilitate a patient who is recovering from a cardiac intervention but also plays a huge role in the prevention of future cardiac events. Most people do not realize the important role cardiac conditioning plays in the secondary prevention of heart disease. This may seem surprising, since the vast majority of patients in cardiac conditioning programs have known coronary artery disease, but the simple truth remains that these patients are at an increased risk of a future cardiac event.

### **Cardiac conditioning tailored for patient**

At Mercy, we use a combination of exercise and education to counsel patients on effective strategies to make lifestyle changes that improve life expectancy and quality of life, and reduce recurrent events. Our patients are instructed on techniques to manage cholesterol, hypertension, diabetes, smoking cessation, physical inactivity, obesity and psychological disorders. Education is designed to complement and

reinforce the treatment and instruction provided by the patient's doctor. Furthermore, by regularly monitoring a patient's adaptation to exercise — including monitoring the electrical activity of the heart, blood pressure, heart rate and blood sugar — cardiac conditioning professionals can provide valuable feedback to a patient's doctor during recovery.

Another advantage of cardiac conditioning is that it is customized to meet the needs of each individual patient, from a tailored exercise program to specific risk factor modifications. Our hospital-based programs also provide patients with the confidence that they are exercising in a safe environment with medical care immediately available.

Of course, challenges exist for cardiac conditioning in healthcare today. Budgets and reimbursement limitations profoundly impact staffing and programs available. Of the 2 million eligible patients for cardiac rehabilitation nationwide, only about 25% participate in a formal program. However, these challenges provide the catalyst for the continuing evolution of cardiac conditioning programs and the necessity to deliver quality services efficiently — our continuing goal at Mercy.

### **Mercy celebrates Heart Month**

In honor of National Heart Month in February, several of the local Mercy hospitals hosted community events, inviting neighbors and employees to learn more about how to lead a heart healthy life. At Mercy General, about 250 people visited the second annual Heart to Heart event for women. At Mercy San Juan Medical Center, a panel of cardiac experts answered a long list of questions from the public about the latest treatments in heart care. And, at Mercy Hospital of Folsom, community classes were offered focusing on tools to manage blood sugar and stress.

**Cardiac Electrophysiologists**

Peter Jurisch, MD  
Padraig G. O'Neill, MD  
Arjun D. Sharma, MD  
Stephen I. Stark, MD  
Larry J. Wolff, MD

**Cardiac Surgeons**

John R. Dein, MD  
Richard J. Kaplon, MD  
Allen S. Morris, MD  
Stephen J. Rossiter, MD  
Frank N. Slachman, MD

**Cardiologists**

Arvin Arthur, MD  
Najam A. Awan, MD  
Philip M. Bach, MD  
Scott B. Baron, MD  
Rohit Bhaskar, MD  
David A. Bayne, MD  
Raye L. Bellinger, MD  
Larry E. Berte, MD  
Dennis R. Breen, MD  
Alan R. Cabrera, MD  
Peter R. Callahan, MD  
Jack W. Casas, MD  
Michael L. Chang, MD  
Kenny Charn, MD  
John Chin, MD  
Michael A. Davis, MD  
Patrice Des Pois, MD  
Mark H. Eaton, MD  
Georg Emlein, MD  
Daniel C. Fisher, MD  
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James M. Foerster, MD  
Michael Fugit, MD  
Jonathan A. Hemphill, MD  
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Elizabeth Hereford, MD  
Mehrdad Jafarzadeh, MD  
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Brian Kim, MD  
Joseph A. Kozina, MD  
Edmond Lee, MD  
Timothy Y. Lee, MD  
Reginald I. Low, MD  
David J. Magorien, MD  
Nick Majetic, MD  
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Harvey J. Matlof, MD  
Malcolm M. McHenry, MD  
Peter Miles, MD  
Stephen L. Morrison, MD  
Gopal Nermana, MD  
M. Michele Penkala, MD  
Nayereh Pezeshkian, MD  
Jagbir S. Powar, MD  
David K. Roberts, MD  
Sailesh N. Shah, MD  
Karanjit Singh, MD  
Kevin L. Stokke, MD  
Rajendra S. Sudan, MD  
Patricia A. Takeda, MD  
Daniel D. Vanhamersveld, MD  
William Vetter, MD  
Mark A. Winchester, MD  
David E. Woodruff, MD

**Mercy/CHW**  
**Cardiovascular Services**

Sue Kelman, RN, BSN, MS,  
Director



## Basic cardiac diet goals

By Marilyn Gee, Registered Dietitian

The recently released “Dietary Guidelines for Americans 2005” are designed to help Americans make wise food choices that promote health and prevent chronic disease. They also support established basic cardiac diet goals.

The basic cardiac diet goals and some tips for achieving them are:

### Eat less than 30% of your total daily calories from fat

- Use unsaturated fats/oils, especially monounsaturated fats — limit to less than 5 to 8 teaspoons per day
- Use low-fat/non-fat cooking methods
- Eat less fatty foods

### Eat less than 7% of your total daily calories from saturated fat

- Use liquid or tub margarines low in saturated, hydrogenated and trans fats
- Limit fat from animal sources, such as fatty meats and full-fat dairy products



## Sedentary lifestyle can be hazardous to your health

By Elita Randall, MS

Regular physical activity and physical fitness help contribute to your overall health and well being, and reduce your risk of developing chronic disease. Research shows that a sedentary lifestyle increases the risk for obesity, heart disease, hypertension, type 2 diabetes and certain types of cancers. Yet despite the risks associated with a sedentary lifestyle, more than 60% of older adults are inactive.

To reduce the risk of chronic disease, it is recommended that adults participate in at least 30 minutes of moderate intensity physical activity, above your usual activity at work or home, most days of the week. Some examples of moderate-intensity activities include:

- Walking at a moderate or brisk pace of 3 mph to 4 mph on a level surface (15- to 20-minute mile)
- Bicycling at 5 mph to 9 mph on a flat surface or with few hills
- Stationary bicycling using moderate effort

- Avoid “tropical oils”
- Eat less than 6 oz. of lean meat, skinless poultry or fish per day

### Eat less than 200 milligrams cholesterol per day

- Limit foods containing cholesterol — organ meats, egg yolks and full-fat dairy products

### Eat less than 2,400 milligrams sodium per day

- Cook without salt, using fresh herbs and spices instead
- Substitute fresh foods for processed foods

### Eat enough calories to maintain/achieve a healthy weight

- Adopt healthy eating habits — emphasize fruits and vegetables, whole grains, <1% fat dairy products, lean meats, skinless poultry and fish

### Eat 20 to 30 grams of total fiber per day

- Eat whole grains, fruits, and vegetables
- Have high-fiber foods at each meal

If you are not currently physically active, begin by incorporating a few minutes of physical activity into each day, gradually building up to 30 minutes or more of moderate intensity activities. If you are active, but less than the recommended levels, you can strive to adopt more consistent moderate intensity activities.

Before starting any exercise program, talk with your healthcare provider to help you design a safe and effective program that is right for you. For more information visit [www.acsm.org/health+fitness](http://www.acsm.org/health+fitness) or [www.americanheart.org](http://www.americanheart.org). The American Heart Association is also offering a new online physical activity motivation program for women, under the link “Choose to Move.”

## Improving heart attack treatment

By James Palmieri, PharmD

Improving healthcare is an ongoing process. Because it is important to continuously improve the safety and quality of healthcare delivery to the public, a number of regulatory agencies ensure processes are in place to achieve this. CHW and the local Mercy hospitals are accredited by and participate in several quality care initiatives developed by two such regulatory agencies: the Center for Medicare and Medicaid Services (CMS) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

One care initiative involves monitoring patients to make sure the proper medications are prescribed for adults admitted to CHW hospitals who are having a heart attack. Countless hours of research are being devoted each year to reducing the risk of heart attack and to minimizing its effect once it occurs. Scientific evidence and expert opinion show that the proper use, at the proper time, of a few key medications during and after a heart attack will help reduce the likelihood that a heart attack will lead to death or permanent heart injury. These medications include simple aspirin, but also include medications in the classes known as beta-blockers and either ACE inhibitors or angiotensin receptor blockers (ARBs).

Using aspirin during a heart attack significantly reduces heart attack-related deaths, and long-term use of aspirin in heart attack victims considerably reduces later heart attacks and stroke. Long-term use of beta-blockers (such as atenolol, carvedolol or metoprolol) reduces the likelihood of death after a heart attack. And ACE inhibitors (such as captopril, lisinopril or enalapril) or ARBs (such as candesartan or irbesartan) have been shown to reduce the dysfunction that sometimes occurs after a heart attack (known as left ventricular systolic dysfunction, or LVSD).

It is often difficult to keep up with the myriad of information being produced on the best methods of treating heart attack victims. By participating in care initiatives, CHW and the Mercy hospitals can be assured that they are providing the highest quality care, based upon guidelines developed by those most qualified to sift through the information and promote self-monitoring of the medications used to treat heart attack patients.



Norman and Sue Calverley relive a romantic moment as they enjoy a traditional wedding cake at Mercy's third annual *Follow your heart* event in November. They were married in August 2003 by a Mercy chaplain in the ICU the day before Norman had bypass surgery. Norman's ICU nurse, Sharon Olson, RN, looks on.

### Our patients tell the story best

Mercy General Hospital has now submitted our application to the City of Sacramento to build the Alex G. Spanos Heart Center. Over the last few years, we have been in continuous conversations with our East Sacramento neighbors as well as Sacred Heart Parish School, which is located next to the hospital. We have conducted several neighborhood meetings, completed a year of work with a formal Neighborhood Task Force and are in negotiations toward an agreement with the school. While much progress has been made, and our construction plans have changed because of this community feedback, there are many challenges ahead in completing this project. In order to make this building a reality, we need your support.

### We need your support

While the City of Sacramento is more than a year from making its final decision about the heart center, we need your support today. At various times in the review process, we will need patients and friends to send letters to local decision makers, attend meetings or share information regarding the benefits of the Spanos Heart Center. If we can count on you in this way, please complete the postcard that has been inserted into this newsletter and mail it back to Mercy General. If you have any questions, please feel free to contact our Neighborhood Liaison, Sandra Meyers, at (916) 453-4432.

Thank you for your support!

MARK YOUR  
CALENDAR 

**Mercy Heart  
Institute**

**Cardiovascular Disease  
Management Programs**

Heart Smart and CHAMP®:  
(916) 564-2880

Cardiac Conditioning:  
Mercy General Hospital  
(916) 453-4521

Mercy San Juan  
Medical Center  
(916) 537-5296

Smoking Cessation:  
(916) 453-4927

Mercy Mall Walk Program:  
(916) 564-2880

**Mercy Heart Institute**  
**1-877-9HEART9**  
[www.CHWhealth.org/](http://www.CHWhealth.org/)  
MercyHeart

**Healthy Heart Series — free**

*Mercy General Hospital*

All classes are held on Thursdays from 1:30–3 p.m.  
Call 453-4521 for dates and location.

**Topics include:** Diabetes Nutrition and Low-Fat  
Cardiac Diet

*Mercy San Juan Medical Center*

All classes are held on Tuesdays from 11:30 a.m.–1 p.m.  
Call 537-5296 for dates and location.

**Topics include:** Emotions and Heart Disease,  
Diabetes Management, Diabetes Nutrition, Low-Fat  
Cardiac Diet, Managing Your Response to Stress, Your  
Heart and Your Cardiac Procedures, What's in Your  
Medicine Cabinet?, Exercise Guidelines, Cardiovascular  
Risk Factors

**Congestive Heart Active Management  
Program (CHAMP®)**

All classes are held from 8:30 a.m.–12 p.m. For  
schedule and locations, call 564-2880.  
Pre-registration is required.

**Topics include:** Congestive Heart Failure,  
Medications, Low-sodium Diet, Social Issues,  
Exercise and Activities

**Heart Smart**

All classes are held on alternating Tuesdays from  
9:30–11:30 a.m. and alternating Thursdays from  
1:30–3:30 p.m. For times and locations call  
564-2880. Pre-registration is required.

**Cholesterol Screenings**

First Thursday of every month. Fees are \$25 for Lipid  
Panel; \$30 for Lipid plus Glucose. 12-hour fasting is  
required.

For an appointment or information, call:  
Mercy General Hospital, 453-4521  
Mercy San Juan Medical Center, 537-5296

**Mended Hearts Support Group**

Meetings are held on the second Thursday of every  
month from 7–8:30 p.m. For more information  
call 773-5236.

**AICD Support Group (Defibrillator patients)**

Meetings held every other month.  
For information, call 733-6966.

**Mercy Mall Walk Program — free**

Country Club Plaza, Florin Mall, Sunrise Mall  
Monday–Saturday, 8–10 a.m.  
For more information, call 564-2880.



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