



entered and re-entered with each new study and procedure. Additionally, all studies would have to be manually transferred to a CD with dictated reports.

"Retrieving old records meant we had to send a person to a separate building to retrieve the CD and the reports," Upchurch said. "This has cut down on so much redundant paperwork. It has

hospital also cross-trained radiology lab staff so vacations and sick days are always covered.

All staff was trained on a computer mobile system on each section of the new cath lab system," Upchurch said.

Four days of hands-on training with a specialist followed, and the training is not yet complete. Staff also are in the process of

grew heart surgeries. Before, an operating suite needed to be staffed and ready to go if a patient needed to be rushed to the operating room or if there was a problem during the interventional procedure," Upchurch said.

"In the past, people with leg, arm, renal or cerebral artery disease had to undergo a surgical procedure, and with that call all the associated risks of general anesthesia, inpatient hospital stays and time off from work," Upchurch said.

"Now, we are able to provide treatment for many of these patients in a cath/vascular lab as outpatients. They undergo conscious sedation instead of general anesthesia and they have a short stay — often less than 24 hours. Patients also can return to work in a much shorter period of time."

#### Future Expansion

Upchurch predicted the need for an additional unit within the next 3-5 years, as the baby boom population ages and cases of heart disease increase. The need for an expanded unit may also result from Georgia health trends. Upchurch said Georgia has a 10 percent higher rate of cardiovascular disease than the rest of the country.

Nationally, CDC statistics indicate heart disease is the number one killer of Americans and a major cause of disability, nearly 700,000 people in the U.S. die of heart disease each year.

"Predictions are that at least 40 percent of people over 50 have treatable vascular disease," Upchurch said. ■

Revue LaFaire is a frequent contributor to ADVANCE.

**Since they are integrated, the data and the pictures 'flow' automatically. Reports don't have to be printed, and nurses can move to the next patient while the physician completes the reports.**

made the work load on the nurses so much easier. And the patient care time is so much better."

With the new system, all information is stored and will print out at the end of each case on a report, which is placed into the chart, Upchurch said.

The system also generates reports for the physicians to review and electronically sign. The report will then either be printed, transmitted to the electronic medical record or to a referring physician.

"It will reduce the number of calls to and from other departments to obtain needed information," Upchurch said. "And it will allow us to provide better communication with the referring physician about the procedure performed on their patients."

#### Ongoing Staff Training

To open the new lab, the hospital hired two experienced RNs and CV radiology technicians. The

learning to use the archiving system. Training personnel will return in a few months to lead in-service courses.

#### Reflections on Care

Upchurch began her career as an ICU nurse in Augusta. Since 1985, she has worked as a clinical specialist, educator and director for a number of hospitals, always developing and opening cardiovascular programs or upgrading existing ones.

In her more than 20 years of practice, Upchurch has seen improvements in cardiac and vascular care no one could have foreseen — especially with interventional procedures.

"When I started, a cardiac patient would spend 10 days in the cardiac care unit. You kept things real quiet and hoped they survived," she said. "Now we are at the total opposite of the spectrum."

Advances in techniques, physician skills and equipment have reduced the number of emer-