

The Venus Factor in Heart Disease

Some might say the differences between men and women are what make the world go round. Others may focus on gender disparities and see challenges to overcome. In the case of heart disease and the inequity in the amount of attention and research funding dedicated to heart disease in women, there is widespread agreement in the health-care industry that a life-saving solution is long overdue.

In an introductory letter to the *June 2011 Q10 Report: Advancing Women's Heart Health through Improved Research, Diagnosis and Treatment*¹, cardiologists Sharon N. Hayes, M.D., director of diversity for the Mayo Clinic, and Nanette K. Wenger, M.D., professor emeritus, medicine, at Emory University School of Medicine, joined the leadership of the Society for Women's Health Research (SWHR) and WomenHeart: The National Coalition for Women with Heart Disease, in issuing an alarming statement and call to action.

"Cardiovascular disease (CVD), a term used to describe diseases of the heart or blood vessels, is the leading cause of death for women in the United States, causing 8.6 million deaths among women annually^{2,3}. Experts estimate that one in two women will die of heart disease or stroke, compared with one in 25 women who will die of breast cancer. Despite the fact that more women than men die each year of heart disease³, and that there are known sex differences in symptoms and treatment, medical treatment of women has not changed substantially nor has it resulted in appropriate research into the distinct sex differences that exist in CVD. Time is of the essence. CVD death rates are increasing for women under age 55, despite an overall decrease in death rates from CVD in recent years."

The most concerning aspect of this statement is that a similar alert was included in the previous Q10 report issued in February 2006 by the SWHR and WomenHeart. In more than five years, there has been little change.

Venus vs. Mars – bringing equity to heart disease

While women can experience the same conventional symptoms of heart attack as men, frequently their symptoms are different, including

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Swedish/Issaquah


Heart Disease

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shortness of breath, weakness, unusual fatigue, and nausea, dizziness, back pain and abdominal pressure or discomfort. Compounding the challenge of identifying heart disease, test results using EKGs, stress tests and even angiograms may appear normal in women.

Because the symptoms may not be similar to those with which women are most familiar, it is critical for all physicians to explore the risk of heart disease at all encounters they have with women. Conversations about sleep habits, stress, weight and exercise, and blood pressure, all of which can easily be incorporated into an office visit, may be the first indication of real or potential heart disease. This real-world approach supports the American Heart Association's 2011 Guidelines for Cardiovascular Disease Prevention in Women⁴, which focuses on recommendations that are effective in clinical practice.

It is equally important for physicians to help women become better educated about heart disease and their personal risks based on genetics and lifestyle. The personal relationships women develop with

their primary-care providers offer a safe environment in which they can feel comfortable talking about lifestyle issues that may be putting them at greater risk of heart disease. Taking time to communicate with women and to educate them about the prevention and diagnosis of heart disease also can have a far-reaching influence on families, friends and communities as women exercise their role as health-care decision makers for their families. 

1. June 2011 Q10 Report: Advancing Women's Heart Health Through Improved Research, Diagnosis and Treatment, Washington, D.C. (www.womenheart.org/documents/upload/FINAL-TO-PRINTER-6-15-11.pdf)
2. Dzau VJ, Antman EM, Black HR, Hayes DL, Manson JE, Plutzky J, Popma JJ, Stevenson W. The cardiovascular disease continuum validated: Clinical trial evidence of improved patient outcomes: Part ii: Clinical trial evidence (acute coronary syndromes through renal disease) and future directions. *Circulation*. 2006; 114:2871-2891
3. Pepine CJ. Ischemic heart disease in women: Facts and wishful thinking. *J Am Coll Cardiol*. 2004;43:1727-1730
4. Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women – 2011 Update: A guideline from the American Heart Association. *Circulation*. 2011; 123:1233-1262: originally published online February 14, 2011 (<http://circ.ahajournals.org/content/123/11/1243.full.pdf>)

About the Author

Sarah M. Speck, M.D, MPH



Cardiologist **Sarah M. Speck, M.D, MPH**, is medical director of the Cardiovascular Wellness and Rehabilitation Program at the Swedish Heart & Vascular Institute. Dr. Speck received her medical degree and master's in public health from the University of Illinois College of Medicine in Chicago. She completed her internal medicine residency and a fellowship in cardiology at the University of Washington in Seattle. She is board certified in internal medicine and cardiovascular disease.

Case Study: The importance of recognizing heart attack symptoms in women

Sarah M. Speck, M.D., MPH

Carol is a healthy 57-year-old mother of two teenagers. Like many women she also works full time as the manager of a small business. For the past year she has experienced increased stress because her husband is undergoing cancer treatment and has been unable to work. She eats “pretty healthy,” but isn’t able to exercise regularly due to “no time.” She also admits to sleeping only five to six hours per night.

Last month she was driving to work in the early morning when she began to feel slightly nauseated. She thought it was just her morning coffee on an

empty stomach. As she drove into the parking lot, she felt a little better. While she was walking into her building, however, the feeling came back and she felt a little sweaty and dizzy. No one was in the office yet and she felt uneasy. She decided to get back into her car and drive to the hospital emergency room down the street to get checked out.

She explained her symptoms to the nurse and was placed in the waiting room. The next thing she remembers is waking up in the intensive care unit. The doctor explained to her that she had passed out because she was

having a heart attack and needed to have an emergency cardiac catheterization. Two hours later she was back in her room with a stent in her right coronary artery.

Today Carol is back at work. She is addressing her stress with an exercise regime that she learned through cardiac rehabilitation. She is treating her high cholesterol with medications and paying more attention to her diet. Most of all she’s learned how important it is to take care of yourself so you can be there for the people you love. ☺

This case study is presented for educational purposes. The patient’s name has been changed to protect her privacy.

Swedish Programs Tackle Heart Disease in Men and Women

The Swedish Heart & Vascular Institute (SHVI) has a comprehensive program to help men and women reduce their risk of heart disease and achieve healthier lives.

Eating well: Last year, cardiologist **Sarah M. Speck, M.D., MPH**, worked with several top Seattle chefs to develop a series of videos to show men and women how easy it is to prepare heart-healthy recipes, even after a busy day. The “Heart Healthy Recipes from Seattle’s All-Star Chefs” videos, which were made available through a grant from the Locke Family Trust, are available online at <http://swedish.org/heart-healthy-recipes>.

Coronary CT Program: Swedish provides coronary calcium scans

for patients who are at risk for heart disease. Using electron beam tomography, the scan produces 3-D imaging of the arteries and identifies calcifications that could lead to coronary heart disease. For more information about the Swedish Coronary CT Program, call 206-320-4411.

Integrated care: The obstetrics program at Swedish is closely integrated with cardiologists at SHVI to identify cardiac risk early on in a pregnancy.

Cardiovascular Wellness Services: As part of the Center for Health and Fitness, the Cardiovascular Wellness helps patients prevent heart disease and/or recover from an incident or procedure. Physicians can refer patients or patients can self-refer to

the program and receiving physical therapy, specialized exercise programs and nutritional counseling. For more information, call 206-320-3343.

Patient Education and Continuing Medical Education: Swedish maintains a robust schedule of patient education classes and two online libraries to help educate patients about heart disease.

Patients may register for classes online at www.swedish.org/classes or visit the online libraries at www.swedish.org/Classes-and-Resources/Online-Health-Library.

The Swedish CME schedule for physicians is available online at www.swedish.org/CME. ☺

Providence and Swedish Join Forces to Improve Health Care for Western Washington



Providence Health & Services and Swedish Health Services have announced plans to form an innovative affiliation that will improve health-care quality, access and affordability for residents of Western Washington. This unique affiliation will allow both organizations to collaborate to better deliver health care while maintaining their individual identities and heritage.

The two organizations recently signed a memorandum of understanding to form a new not-for-profit health-care system that will include all of Swedish's operations in King, Snohomish and Kittitas counties and all of Providence's operations in King, Snohomish, Thurston and Lewis counties. Providence will retain the Providence name and its Catholic identity, while Swedish will keep the Swedish name and remain a non-religious organization.

Regulatory review and approval may take some time; until then, the two organizations will continue to operate independently.

Proactively addressing future challenges

"Health care in this country is at a crossroads. Having served the community for more than a century, we believe it is our responsibility to lead the region through these challenging times," says **Rod Hochman, M.D.**, president and CEO of Swedish. "By sharing the resources, best practices and expertise of two great institutions,

we can address the nation's health-care crisis at a local level and create one of the best health-care systems in the country,"

"Through this unique operating arrangement, we are able to preserve each organization's heritage and local operations, while providing a better and more affordable level of patient care across both organizations," says **John Koster, M.D.**, Providence Health & Services president and CEO. "We had to think beyond merger or acquisition to accomplish this, and this affiliation is really the best of both worlds. The shared knowledge and capabilities of Providence and Swedish will benefit our communities for many, many years to come."

Benefits to referring physicians and patients

By sharing resources, Providence and Swedish can make it easier for physicians to refer their patients for necessary services and for patients to access health care across the entire range of services – primary care, specialized care, research, hospice and long-term care.

Both organizations also will be able to create improved models for delivering care and approaches to chronic disease management, which in turn will make health care more affordable for government payers, commercial insurers, employers and patients.

One explicit benefit of the affiliation will be a common electronic



Rod Hochman, M.D.
President and CEO
Swedish Health Services

John Koster, M.D.
President and CEO
Providence Health & Services

health record (EHR) that will connect Providence and Swedish hospitals, outpatient centers and doctors' offices throughout Western Washington to better serve patients, and improve communication and collaboration. Swedish has been using Epic as its EHR for a number of years and Providence is currently implementing Epic throughout its system.

Enhancing community service

Each organization's complementary community service missions will serve as a strong foundation for success.

"Knowing that greater collaboration among providers is the future of health care, Swedish had been seeking the right partner for a few years," said Dr. Hochman. "We evaluated many different options. But at the end of the day, there was only one partner that made sense. Like Swedish, Providence is a mission-driven organization with a strong commitment to providing high-quality health care to everyone, including underserved populations. It was important to find a partner who shared that as a core value." 

Swedish Introduces Specialty Dental Care for Low-Income Adults

Swedish has added adult specialty dental care to the extensive list of free services available to low-income uninsured and underinsured patients at the Swedish Community Specialty Clinic (SCSC). This is the only specialty clinic of its kind in the Puget Sound area. Staffed by local volunteer dentists and oral surgeons from the Seattle-King County Dental Society, the dental clinic focuses on complex specialty care. The initial focus is on difficult tooth extractions; however, the clinic plans to add root canals in the future.

“Severe mouth pain related to dental problems is one of the most common problems seen in hospital emergency rooms,” said **Jay Fathi, M.D.**, Swedish Medical Director for Primary Care and Community Health. “Often, despite their best efforts, emergency department physicians cannot fully treat patients who have active oral infections or abscesses until a problem tooth is removed.”

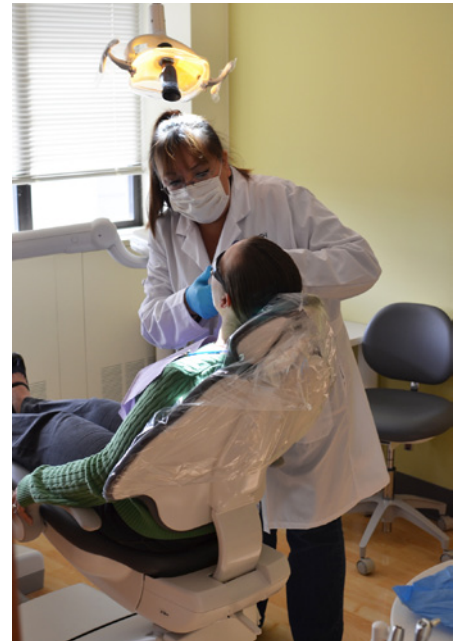
SCSC is located in the Heath Building at 801 Broadway, part of the Swedish/First Hill campus. Specialty Dental services are available by referral from a primary-care dentist and by appointment only. Swedish estimates

some 25 volunteer dental professionals will see up to 450 patients in the first year of the clinic’s operation, increasing to 45 volunteer dentists and oral surgeons seeing an estimated 2,000 patients in year two.


SCSC opened in September 2010 with medical services, but because of the known need for specialty dental care in our region the clinic was designed with space that would accommodate three dental chairs. Swedish partners with Project Access Northwest (PANW) for operational support. PANW personnel provide patient triage and case management, and work with SCSC support staff to help maintain dentist schedules and set initial visits and follow-ups.

Major contributions from the Washington Dental Service Foundation, the Seattle-King County Dental Foundation, the Pacific Hospital Preservation & Development Authority, Burkhart Dental Supply and the Swedish Foundation enabled the clinic to open with three fully outfitted dental surgery and treatment rooms.

“The Specialty Clinic is a testament to Swedish’s commitment to serve the entire community,” said Swedish



President and CEO **Rod Hochman, M.D.** “We want to set a new standard in community health and clearly demonstrate that charity care is at the core of our non-profit mission, which continues even in an unstable economy.”

For more information on specialty dental services, call Project Access Northwest at 206-788-4559 or visit www.swedish.org/Services/Swedish-Community-Specialty-Clinic. 

Birthing Center Opens in New Issaquah Hospital

Couples considering pregnancy and those who are newly pregnant were given a sneak peak at the new Childbirth Center at Swedish/Issaquah during an October open house. The event featured tours of the birthing and postpartum suites, an opportunity to meet the doctors who deliver at Swedish, talks from child-rearing experts and a free concert. Swedish/

Issaquah’s Childbirth Center, which officially opened Nov. 1, includes a staff of more than 100 professionals, including physicians, midwives, nurses, perinatologists, neonatologists and pediatric specialists. The center features state-of-the-art labor and delivery maternity rooms, and postpartum suites. The rooms include Jacuzzi tubs, stereo systems with



Birthing Center

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iPod jacks, and a la carte food service. Postpartum care at Swedish/Issaquah also includes breastfeeding help, parent information phone-line support, childbirth and parenting classes, new

mom and dad support groups, pediatric specialty care and a pediatric emergency room. For more information or to refer a patient, please contact **Wendy Colgan, RNC-OB, MSN**, inpatient

nurse manager for obstetrics and pediatrics, at wendy.colgan@swedish.org or 425-313-4112. ☎

Whidbey Island Joins the Swedish Telestroke Network

Whidbey Island residents facing a potential or actual acute stroke will now benefit from a recently formed partnership between the Swedish Neuroscience Institute (SNI) Acute TeleStroke Program and Whidbey General Hospital (WGH). The partnership will bolster WGH's stroke support services through 24/7 access to SNI's nationally recognized stroke team experts via real-time, telemedicine-based technology.

These partnerships provide an as-needed link between an Emergency Department team and the comprehen-

sive team of stroke specialists based at the Swedish/Cherry Hill campus in Seattle. With the help of a secure, video-conferencing network, members of SNI's Stroke Program are able to quickly perform 'virtual' bedside neurological evaluations that allow them to examine patients, review brain images and quickly select the best acute stroke treatments in collaboration with the ED physicians.

The Swedish Acute TeleStroke Program, which started in 2007, is part of an integrated effort to improve

stroke diagnosis and treatment throughout Washington, which has one of the higher rates of stroke death in the country. The program currently provides services to eleven locations throughout the region.

For more information about becoming part of the Telestroke network, go to www.swedish.org/telestroke or contact **Tammy Cress, R.N., MSN** at 206-320-3112 or via tam.cress@swedish.org. ☎

All Swedish Facilities Receive Accreditation

The year of accreditation is how 2011 will be remembered at Swedish Health Services. In July, the Joint Commission began the cycle with a survey of Swedish/Edmonds. This was followed in August with a survey of Swedish/Cherry Hill. In October, the survey team was back in Seattle, this time focusing on Swedish/First Hill, Swedish/Ballard, as well as the ambulatory care centers at Mill Creek, Redmond and Lake Sammamish, and the new medical office building, same-day surgery and Emergency Department at Issaquah.

Although it is rare for a Joint

Commission survey to conclude without at least one deficiency, the consensus of all of the survey teams, each of which included the same lead surveyor, was that Swedish was an exceptional organization with sound processes and documentation throughout all of its hospitals and clinics, and that it had no thematic problems. The surveyors particularly appreciated the blending of a system-wide approach to common objectives with a local focus on the unique characteristics of each facility.


In October, the Department of Health performed its pre-opening

survey of the new hospital at Swedish/Issaquah and recommended full licensure, and on opening day Det Norske Veritas (DNV) conducted a three-day survey which resulted in its recommendation for full accreditation. DNV also made special acknowledgment regarding the Swedish grievance process, infection control program and oversight of quality and patient safety.

Special recognition goes to the leadership, staff and physicians who collaborate daily to ensure a safe experience for our patients. ☎

Best Hands on Care

The Washington State Hospital Association (WSHA) recognized the Swedish/Cherry Hill campus for outstanding hand hygiene practices during its 78th annual meeting in October 2011. For the third consecutive year, Cherry Hill earned them “Best Hands on Care Award” for its efforts to decrease the spread of infection through proper hand hygiene. WSHA’s Hand Hygiene Program, which began in 2005, was the first statewide effort in the nation

to bring hospitals together to collaboratively share strategies for improving hand hygiene. Hospitals receive this award for exemplary rates of hand hygiene, using an evidence-based system of measuring soap and sanitizer usage and comparing usage rates to the number of patients in the hospital. This year, WSHA added two new criteria: health-care worker flu immunization and Hospital Compare infection prevention measures. 

CME Course Listing

January – May 2012

Physicians from across the region and around the world come to Swedish Medical Center’s Continuing Medical Education (CME) courses to learn about new research and innovative treatment techniques.

For times and locations, go to www.swedish.org/cme or call 206-386-2755.

Advances in Neuromodulation 2012: Current State-of-the-Art and Emerging Indications

Friday, Jan. 20

Transradial Training Course & Symposium

Friday-Saturday, Jan. 20-21

Pediatric Specialty Update for the Primary-Care Physician

Friday, Jan. 27

Multimodal Treatment of Spinal Tumors

Friday, Feb. 3

High-Risk Obstetrics: Tools for the Family Physician

Friday, March 23

HIV/AIDS Symposium

Jointly Sponsored by: Swedish Medical Center and Lifelong AIDS Alliance

Friday, March 30

Swedish Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Palliative Care Symposium

Friday, April 13

Otolaryngology Symposium

Friday, April 20

SIS: An Integrative Approach to Cardiovascular Care

Friday, April 27

Annual Oncology Symposium: Obesity and Cancer

Friday, May 4

Sixth Annual Cerebrovascular Symposium: Practical Aspects of Stroke and Cerebrovascular Care

Thursday-Friday, May 17-18

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Swedish Medical Center

Founded in 1910, Swedish Medical Center is the largest, most comprehensive, nonprofit health-care provider in the Seattle area. Swedish comprises multiple medical facility campuses throughout the Greater Puget Sound Area, Swedish Visiting Nurse Services and Swedish Medical Group. In addition to general medical and surgical care, Swedish also is a regional referral center for cardiac care, maternal-fetal medicine, neurological care, oncology, orthopedics, pediatrics and transplantation. For more information, visit www.swedish.org or call 800-SWEDISH (800-793-3474).

Ballard

5300 Tallman Ave. N.W.
Seattle, WA 98107-3985
206-782-2700

Cherry Hill

500 17th Ave.
Seattle, WA 98122-5711
206-320-2000

Edmonds

21601 76th Ave. W.
Edmonds, WA 98026
425-640-4000

First Hill

747 Broadway
Seattle, WA 98122-4307
206-386-6000

Issaquah

751 N.E. Blakely Dr.
Issaquah, WA 98029
425-313-4000

Lake Sammamish

2005 N.W. Sammamish Rd.
Issaquah, WA 98027-5364
425-394-0600

Lakeside

6520 226th Pl. S.E.
Issaquah, WA 98027
425-427-8450

Mill Creek

13020 Meridian Ave. S.
Everett, WA 98208
425-357-3900

Redmond

18100 N.E. Union Hill Road
Redmond, WA 98052
425-498-2200

Swedish Visiting Nurse Services

6100 219th St. S.W., Ste. 400
Mountlake Terrace, WA 98043
425-778-2400

Swedish Medical Group

600 University St., Ste. 1200
Seattle, WA 98101-1169
206-320-2700

Physician Opportunities

Are you a physician who would like to join a team-oriented, patient-focused practice?

Contact Aaron Bryant
Manager, Provider Services
Swedish Medical Group
206-320-5925 (office)
aaron.bryant@swedish.org