



The Chest Pain E.R. at Shands

Patients with chest pain or symptoms of heart problems will have immediate, 24/7 access to University of Florida cardiac specialists in the new Chest Pain E.R. at the Shands Critical Care Center Emergency Department. The Chest Pain E.R. includes eight observation beds and a treadmill for stress testing and is located within 1,500 square feet of space dedicated exclusively to people who are experiencing low to moderate chest pain or other symptoms of a possible heart condition. It is staffed around the clock by cardiologists, emergency room specialists, and specially trained nurse practitioners.

Access & Services

- Open 24/7 on the Shands at UF campus along the south side of Archer Road, free valet parking for patients is available at the Shands Critical Care Center entrance.
- Patients check in at the main Emergency Department waiting area window, unless they are transported by Emergency Medical Service.
- Patients are evaluated within 10 minutes, and undergo initial tests, such as electrocardiography.
- Patients at high risk for having a heart attack or other acute cardiac event will remain in the core area to receive care.
- Low- to medium-risk patients undergo initial evaluation in the Emergency Department and will then be monitored in one of eight observation beds in the Chest Pain E.R.
- Follow-up cardiac evaluations include repeat EKGs, blood samples for cardiac biomarkers and cardiac testing, including treadmill stress tests, cardiac CT angiograms or nuclear cardiac imaging.
- When patients leave the Chest Pain E.R., the team provides educational materials on cardiovascular health.
- The Chest Pain E.R. will create 10 percent more capacity/bed availability within the core E.R., improving efficient evaluation of all patients.





Staffing & Expertise

- The Chest Pain E.R. is under the medical direction of a UF emergency medicine physician who is fellowship-trained in cardiovascular emergency medicine. The unit will be covered by two UF emergency medicine attending physicians and staffed by five dedicated emergency and cardiac-trained mid-level practitioners, including Shands advanced registered nurse practitioners and UF physician assistants. They are dedicated to the unit around the clock.
- “Door-to-balloon time” is an interval that begins when the patient arrives in the E.R. and ends when the patient receives percutaneous coronary intervention, such as angioplasty, in the cardiac catheterization lab. The door-to-balloon time at Shands at UF is approximately 50 percent better than the national average of 90 minutes.
- Shands at UF’s medical specialty service for cardiology and heart surgery tied for 27th nationally in 2011 U.S. News & World Report’s Best Hospitals rankings and was the highest-ranked in Florida for this specialty.





Data & Background Information

In Fiscal Year 2010-11: 8,962 patients arrived at the Shands Emergency Department with a preliminary diagnosis or chief complaint of chest pain (13 percent of total Emergency Department visits)

Common heart procedures performed at Shands at UF in Fiscal Year 2010-11:

- Left heart catheterizations (diagnostic) – **1,097**
- Right and left heart catheterizations (diagnostic) – **238**
- Interventional heart catheterizations (angioplasties and stents) – **330**
- Coronary artery bypass graft (CABG) surgery – **174**

Milestones:

2001: UF physicians at Shands at UF were the first in north central Florida to offer an FDA-approved, drug-coated coronary artery stent

2001: UF physicians at Shands Cardiovascular Center were second in the state and the first in north and central Florida to perform coronary artery radiotherapy

2000: Shands at UF used the Southeast's first ethanol nonsurgical septal reduction for hypertrophic obstructive cardiomyopathy

1999: UF physicians at Shands performed Florida's first radiofrequency catheter ablation to eliminate atrial fibrillation

1998: UF physicians at Shands at UF performed the Southeast's first cardiac magnetic resonance spectroscopy

1998: UF physicians at Shands at UF performed Florida's first intracoronary radiation therapy

1993: UF physicians at Shands Hospital for Children performed Florida's first infant heart transplant

1986: UF physicians at Shands Hospital for Children performed Florida's first pediatric heart transplant

1985: UF physicians at Shands at UF performed north Florida's first adult heart transplant





Research

For the past decade, University of Florida researchers have made several key findings that are helping physicians gain a better understanding of women's risk for heart attack and cardiovascular disease and how to treat them.

The UF division of cardiovascular medicine is one of only 40 centers participating in the Women's Health Initiative, an 11-year study sponsored by the National Institutes of Health to evaluate hormone therapy, diet and the use of calcium and vitamin D supplements on heart disease in postmenopausal women.

In 2004, Christopher Arant, M.D., and colleagues developed a risk assessment score designed to help predict which women with early heart disease symptoms will go on to have a heart attack or other serious complication. Leading cardiovascular medicine researchers Daniel Pauly and Carl Pepine's work has shown that there may be a genetic explanation why some women who experience chest pain have arteries that appear in good working order.

Findings from UF College of Pharmacy researcher Rhonda Cooper-DeHoff in 2006 showed that heart disease often manifests differently in men than women. The study found that women who report chest pain but don't show signs of blocked arteries are still at a much greater risk of being hospitalized for serious cardiovascular complications than women who do not have chest pain. All the studies are part of the larger National Institutes of Health-funded Women's Ischemia Syndrome Evaluation (WISE) study, which was initiated in 1996 to increase scientific knowledge about ischemic heart disease in women.





U.S. Heart Facts (from the American Heart Association)

- Heart disease is the No. 1 killer and stroke is the No. 3 killer of Americans – both men and women.
- Nearly 2,400 Americans die of cardiovascular disease (including heart attack and stroke) each day, an average of one death every 37 seconds.
- Today, more than 1 million Americans live with a congenital cardiovascular defect.
- Every year since 1984, more women than men have died from heart disease.
- Heart disease is the No. 1 killer of women age 20 and over.
- Heart disease kills approximately one woman every minute.
- While 1 in 30 American women die of breast cancer, about 1 in 3 die of cardiovascular disease.
- Hispanic women are likely to develop heart disease 10 years earlier than non-Hispanic white women.
- More than 8 percent of Hispanics age 18 and older have heart disease.
- African-American women are at greater risk for heart disease, stroke and other cardiovascular disease than whites.
- African-American women have higher death rates from heart disease, stroke and other cardiovascular diseases than white women.
- Each year about 36,000 babies are born with a heart defect.
- Nearly four times as many children die from congenital heart defects as from all forms of childhood cancers combined.
- On average, someone in the U.S. has a stroke every 40 seconds, and every 3 to 4 minutes someone dies from one.

Heart Attack Warning Signs

- Chest discomfort – Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort in other areas of the upper body – symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- Shortness of breath – with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea or lightheadedness.