

Care Innovations Sharing Practical Care Delivery Tools and Discoveries

William B. Borden, MD; Victoria Vaughan Dickson, PhD, RN

Advances in medical and surgical treatment have redefined the way patients with cardiovascular disease (CVD) are diagnosed and treated. Unfortunately, the personal, economical, and societal toll of CVD remains staggering¹ and requires increased efforts to find innovative ways to care for patients and families with CVD, including novel approaches to prevent and manage CVD and risk. Innovation in health care is conceptualized as a process of change or transformation, characterized by creativity and original thinking that has the potential to redefine healthcare's economic and social potential.² In the care of patients and families with CVD, innovation encompasses thinking outside the box to advance new ideas to improve quality, enhance patient experience, and reduce costs. In fact, Medicare and many commercial insurers are demanding it. Yet, the practical care delivery tools for clinicians, operational leaders, and researchers to achieve these goals remain elusive and are difficult to disseminate.

Thus, the Journal introduces this revamped *Care Innovations* series (<http://circoutcomes.ahajournals.org/content/article-types>), aiming to create an open forum to share innovative ideas, methods, and approaches so that these initiatives can be broadly spread and replicated. Many of these *Care Innovations* have evaluations, but unlike an Original Research Article, the rigor of these evaluations is secondary to the novelty of the approach that could still provide insights that are useful for local quality improvement at other institutions. We also welcome innovations with negative results because sometimes an innovation that fails provides great insights that another organization may apply to achieve success. These papers will be brief descriptions of the innovations, focused more on the methods, implementation challenges, and lessons for dissemination. Providing supplementary material, such as practical tools, is a major plus because it can better allow another organization to take the lessons and put them into action locally. Articles that would fit well with this series would include, for example, new approaches to managing low-risk chest pain in the emergency department or novel shared decision-making tools for patients choosing anticoagulant therapy.

The premier article in the new *Care Innovations* series, "A Novel, 5-Minute, Multisensory Training Session to Teach High-Quality Cardiopulmonary Resuscitation to the Public: Alive in Five," tackles a significant public health problem and offers a novel solution³ to the Institute of Medicine call for strategic efforts to educate and train the public in CPR.⁴ Initiation of bystander CPR has been shown to improve survival after out-of-hospital cardiac arrest.⁵ However, rates of CPR training in the United States remain below targeted goals⁶ and vary by community, especially in low-income rural and minority communities.⁵ In light of this disparity, the American Heart Association has set a goal to increase the rate of bystander CPR nationally from 31% to 62% of cardiac arrests by 2020.⁶ In this article, Brown et al³ describe their innovative approach—Alive in Five—to address existing barriers of time, cost, and availability of classes through a 5-minute, multisensory CPR training suitable for widespread implementation in a public venue. Their method is well suited to public venues where passers-by, regardless of geography, can be recruited for a brief 5-minute training session. In doing so, they access typically hard to reach populations and provide a practical set of tools that will allow others to replicate their public health intervention.

We aim for our *Care Innovations* series to ultimately be a searchable resource for practical care delivery tools. We hope that eventually these articles will be useful for situations such as a cardiology fellow seeking to optimize anticoagulation for clinic patients with atrial fibrillation, a nurse aiming to improve smoking cessation rates, or a hospital chief executive officer trying to reduce her hospital's heart failure readmissions. The need exists for a warehouse of innovative solutions to systematic challenges, and we hope that these *Care Innovations* can grow into a resource of widely applicable tools that improve patient care.

Disclosures

Dr Borden consults for the Agency for Healthcare Research and Quality. The other author reports no conflicts.

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From the Department of Medicine, George Washington University, Washington, DC (W.B.B.); and Rory Meyers College of Nursing, New York University, New York, NY (V.V.D.).

Correspondence to William B. Borden, MD, Department of Medicine, George Washington University, 2150 Pennsylvania Ave, NW, 10-414, Washington, DC 20037. E-mail wborden@mfa.gwu.edu

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