A
dvances in medical and surgical treatment have redefined the way patients with cardiovascular disease (CVD) are
diagnosed and treated. Unfortunately, the personal, economi-
cal, 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 pre-
vent 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 demand-
ing it. Yet, the practical care delivery tools for clinicians, oper-
ational 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/con-
tent/article-types), aiming to create an open forum to share
innovative ideas, methods, and approaches so that these initia-
tives 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 nov-
elty of the approach that could still provide insights that are use-
ful 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 dissemi-
nation. Providing supplementary material, such as practical
tools, is a major plus because it can better allow another orga-
nization 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 sur-
vival 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.7 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 2020.8 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, multisen-
sory 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 high 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 anticoagula-
tion for clinic patients with atrial fibrillation, a nurse aim-
ing 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 appli-
cable tools that improve patient care.

Disclosures
Dr Borden consults for the Agency for Healthcare Research and
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