

Preface



Arthur L. Riba, MD, FACC
Guest Editor

Quality cardiac care results when evidence-based clinical practice guidelines are applied reliably, consistently, and appropriately by competent and dedicated clinicians. Improvement in the care and outcomes for the hospitalized patient with acute cardiac disorders can be achieved by aligning systems, directing care processes, and implementing tools that assure that the clinical practice guidelines are applied in practice, especially those processes that have been shown to be linked to improved clinical outcomes.

It is the intent of this issue of the *Critical Care Clinics* to provide practicing physicians, hospitalists, cardiovascular specialists, and aligned health-care providers with a state-of-the-art, evidence-based, and clinically relevant overview of acute cardiac disorders encountered in the hospital setting. My distinguished colleagues were asked to review and summarize concepts and practical applications of best cardiovascular care practice, and the evidence-based treatments and diagnostic evaluation and processes of inpatient cardiovascular care, which in turn, would lead to desired outcomes meaningful to patients. In addition, where available, these concepts would provide physicians with the strategies and tools to be successful in translating scientific evidence into effective and rewarding care. Those processes of care that have been linked to improved outcomes, based on evidence and efficacy from randomized controlled trials, are emphasized. Given the accelerating pace in which new treatments, performance indicators, and care processes are evolving from clinical trials, we set a goal to assure that emerging therapies are introduced. It is the expectation that the physician armed with established and updated evidence-based therapies will be most effective

in the day-to-day care of acutely decompensated cardiac patients. The acute cardiovascular encounter is the best clinical setting to apply evidence-based therapies, given the link to improved clinical outcomes and sustainable compliance of secondary preventive therapies after discharge.

It has not been possible to be inclusive of all acute cardiovascular disorders in this issue of *Critical Care Clinics*. Chosen for inclusion are topics supported by the best clinical trial evidence, conditions that are most commonly encountered, and those situations where there is substantial evidence that when the therapeutic processes are applied, the likelihood of optimal outcomes will result. I am greatly indebted to the authors of this issue for the outstanding contributions they have made. Each of the authors is a recognized authority in their respective field. We are also greatly indebted to Dr. Michael Geheb, Division President of Oakwood Hospital and Medical Center, and Consulting Editor of *Critical Care Clinics*, who suggested that we bring together a group of distinguished authors to write a compendium of state-of-the-art articles on acute cardiovascular care in the inpatient setting. Much gratitude goes to Lisa Richman, Editor of *Critical Care Clinics*, Elsevier, who has provided outstanding support and guidance for this effort, and has been most gracious, understanding and patient in keeping us on track, and focusing us on our goals and missions.

Arthur L. Riba, MD, FACC
*Medical Director of the Cardiac Care Units
and Cardiovascular Quality Management
Oakwood Hospital and Medical Center
18181 Oakwood Boulevard, Suite 402
Dearborn, Michigan 48124, USA
E-mail address: ribaa@oakwood.org*