

Nova Scotia Health



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IMPROVING CARDIOVASCULAR HEALTH OF NOVA SCOTIANS

# Cardiovascular Health Nova Scotia

## Strategic Plan

*April 2005 to March 2009*



*Your Health Matters*

## Introduction

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### **Background**

In March 2003, the Nova Scotia Department of Health embarked upon an initiative to plan for the enhancement of comprehensive cardiac services in Nova Scotia. The initiative began with the Nova Scotia Provincial Approach to Cardiac Health (NS PATCH) Project, which involved a wide range of stakeholders in developing a vision for cardiac health in Nova Scotia.

To begin working towards the vision, the Nova Scotia Department of Health created the Cardiac Advisory Council. The mandate of the Council is to support a coordinated, provincial approach to cardiac health by reducing variability in service delivery, improving the uptake of standards and enhancing cooperation in improving identified cardiac health outcomes across the continuum.

As the process for improving cardiac health was underway, simultaneously another group of stakeholders was working on the development of an Integrated Stroke Strategy for Nova Scotia.

### **Combined Approaches to Improving Cardiovascular Health**

At the first strategic planning session of the Cardiac Advisory Council on October 15 and 16, 2004, it was acknowledged that while clinical management is quite distinct, there are many common areas for action in improving both cardiac and vascular health. To ensure efficiency of action and reduce the potential for duplication, it was agreed by members of the Council that a recommendation should be forwarded to the Department of Health expanding the mandate of the Council to cardiovascular health. In addition, it was agreed that the membership of the Council must be revisited to encompass the expertise required to address this broadened mandate.

The Council developed a draft strategic plan and circulated the document to a broad range of stakeholders for input. Input was also gathered through the ICONS Network meeting in November 2004. Feedback from stakeholders has been incorporated into this final document, as possible.

For the purpose of this three-year strategic plan, the term “cardiovascular” includes cardiac disease, stroke, and transient ischemic attack.

## Elements of the Strategic Plan

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There are six key elements of the strategic plan, which are described below.

1. **Mission:** Broadly describes the purpose of the Council.
2. **Vision:** Describes the Council's belief about the preferred state of cardiovascular health and health care in Nova Scotia.
3. **Values:** The core priorities of the Council. The values guide all of the Council's work.
4. **Goals:** Statements that provide a focus for the work of the Council until March 2008.
5. **Key Strategies:** Specific efforts to be carried out over the three-year period in order to achieve the goals.
6. **Outcome Measures:** Key areas used to measure whether the Council has achieved its goals. Outcome measures reflect outcomes for which the Council may be held directly accountable. For example, although the Council will contribute to the reduction of cardiovascular risk factors in Nova Scotia, it does not have the mandate or resources to achieve this outcome independently. Therefore, this is not an outcome of the Council. Rather the stated outcomes for the Council will contribute to the longer term cardiovascular health outcomes to which many organizations contribute.

## Mission, Vision & Values

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### **Mission**

Improving cardiovascular health and care of Nova Scotians.

### **Vision**

Our vision for cardiovascular health for Nova Scotia is that it be:

#### **Comprehensive**

Fully integrated across the broad continua of age, acuity, and care.

#### **Focused on the Determinants of Health**

Address the broader determinants of health: income and social status, social support networks, education, employment and working conditions, social environments, physical environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender and culture.

#### **Multisectoral**

Expand beyond the health system to include multisectoral representation and collaboration with key stakeholders from government and the private and non-profit sectors.

#### **Integrated**

Emphasize the integration and coordination of health and social policy and strategies associated with improved cardiovascular health.

#### **Accessible**

Ensure equitable access to cardiovascular services for populations throughout the province through system-wide coordination of cardiovascular services based on evidence, population outcomes, and best practices.

#### **High Quality**

Incorporate provincial, evidence-based standards and targets, reflecting both process of care and outcomes, across the continuum of care.

#### **Multidisciplinary**

Emphasize a multidisciplinary approach to service delivery that considers comprehensive health human resources planning, clinician remuneration, incentives, and alternate models of service delivery.

**Outcomes-focused, Evidence-based**

Based on utilization, process and outcome data that facilitate comparison of interventions, research and innovation, and knowledge dissemination and transfer.

**Values**

The following values guide the decisions and actions of the Council:

**People**

We believe in organizing services around the needs of patients and families, as close to their home as possible.

**Community-Based**

We believe in building on existing strengths and resources within the community to promote community health.

**Excellence**

We believe in providing high quality health services.

**Innovation**

We embrace creativity and positive change.

**Accountability**

We are responsible for our actions and for clear communication.

**Collaboration**

We believe in working with partners and in encouraging participation.

**Integrity**

We believe in providing consistent and equitable services for all.

## **Goals, Key Strategies and Outcomes**

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### **Goal 1**

**Promote accessible, comprehensive, high quality cardiovascular care through collaborative development of standards and service delivery models.**

#### **Key Strategies**

- Define service guidelines for every component of the continuum of cardiovascular health, including health promotion, care, treatment and support.
- Develop standards for access and integration of cardiovascular care services, including health promotion, disease prevention, primary care, secondary care and tertiary and quaternary care services.
- Identify gaps in meeting service guidelines and access standards.
- Identify service delivery models that will best address gaps (e.g. multidisciplinary teams, better use of technology such as telehealth, risk reduction strategies and care navigation).

#### **Outcome Measures**

- Standards for cardiovascular care are recommended to the Department of Health.
- Gap analysis completed to determine necessary changes to meet standards for cardiovascular care.
- Service delivery models to address gaps are recommended to the Department of Health.

## **Goal 2**

**Work with partners on initiatives to reduce the risk and burden of cardiovascular disease.**

### **Key Strategies**

- Collaborate with chronic disease prevention partners at provincial, district and community levels to increase public awareness about cardiovascular risk factors.
- Support the development of healthy public policy that promotes cardiovascular health.
- Identify and communicate best practices for reducing cardiovascular risk factors.

### **Outcome Measures**

- Partnerships are created to support efforts to increase public awareness about cardiovascular risk factors.
- The Council participates in initiatives to create healthy public policy in support of cardiovascular health promotion.
- Best practices for cardiovascular risk reduction are identified and communicated to the Department of Health, Office of Health Promotion and District Health Authorities.

### **Goal 3**

#### **Promote the ongoing development of cardiovascular health service providers**

##### **Key Strategies**

- Complete a profile of the cardiovascular health service providers.
- Recommend strategies to the Department of Health on means of addressing gaps identified.
- Conduct an education needs assessment of cardiovascular service providers..
- Recommend strategies to the Department of Health to meet both the discipline-specific and interdisciplinary education needs
- Develop a resource network of educators across disciplines to facilitate ongoing continuing education.

##### **Outcome Measures**

- Cardiovascular workforce maintenance and development strategy is recommended to the Department of Health.
- Educator's resource network is created and sustained.
- Continuing education opportunities are available for the cardiovascular health workforce.

## **Goal 4**

**Provide leadership in monitoring, reporting, and recommending improvements to cardiovascular health promotion and health care.**

### **Key Strategies**

- Identify all existing data sources related to cardiovascular health and health care.
- Identify health decision makers' priorities for cardiovascular data collection.
- Develop strategies for collecting data related to decision makers' priorities (e.g. data external to hospital settings, data about care outcomes related to quality of life).
- Develop strategies and guidelines related to data ownership and access.
- Simplify data collection and reporting processes through integration of existing databases.
- Investigate strategies to collect data that tracks the burden of cardiovascular risk over time.
- Report data in a manner consistent with reporting conducted in other provinces.
- Establish a regular mechanism to interpret and communicate data with decision-makers at all levels of the health system and the public.
- Work with District Health Authorities to develop strategies for continuous quality improvement.
- Foster research with the potential to improve the health of Nova Scotians.

### **Outcome Measures**

- Data related to cardiovascular health and health care are communicated in a useful manner to decision-makers at all levels of the health system.
- Data about the burden of cardiovascular risk over time are collected and reported.

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**Signature**

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**Date**

## **Strategic Planning Participants**

### **CAC Members**

Robert Baillie, Cardiologist, Cape Breton Regional Health Authority  
Jane Farquharson, Executive Director, Heart and Stroke Foundation of Nova Scotia  
John Finley, Cardiologist, IWK Health Centre  
Wanda Firth, Dietitian, Capital District Health Authority  
Ron Hatheway, Cardiologist, South Shore Health  
Yogi Joshi, Patient Advocate, Antigonish  
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Madonna MacDonald, VP Community Health, Guysborough Antigonish Strait Health Authority  
Peter MacKinnon, CEO, Colchester East Hants Health Authority  
Karen MacRury-Sweet, Interim VP Acute Care, Capital District Health Authority  
Jane Mealey, Vice President, Children's Health, IWK Health Centre  
Warren Meek, Pharmacist, Halifax  
Blair O'Neill, Head, Division of Cardiology, Capital District Health Authority  
Mike O'Reilly, Cardiologist, Annapolis Valley Health  
Evelyn Schaller, VP Patient Services, Cape Breton District Health Authority

### **CAC Members – Ex-Officio**

Jafna Cox, Scientific Advisor, Cardiac Advisory Council  
Lynn Edwards, Director, Acute & Tertiary Care, Department of Health  
Neala Gill, Program Manager, Cardiac Advisory Council  
David Johnstone, Clinical Advisor, Cardiac Advisory Council  
Janet Knox, Executive Director, Acute & Tertiary Care, Department of Health

### **Other Participants**

Corinne Corning, Policy Planner, Stroke Strategy Program, Department of Health  
Susan Atkinson, CAC District Coordinator, South Shore Health  
Kelly Goudey, CAC District Coordinator, South West Health  
Maria DeCoste, CAC District Coordinator, Guysborough Antigonish Strait Health Authority  
Glenda O'Reilly, CAC District Coordinator, Annapolis Valley Health  
Kathy Saulnier, CAC District Coordinator, Pictou County Health Authority  
Cheryl Smith, CAC District Coordinator, Cumberland Health Authority and  
Colchester East Hants Health Authority