

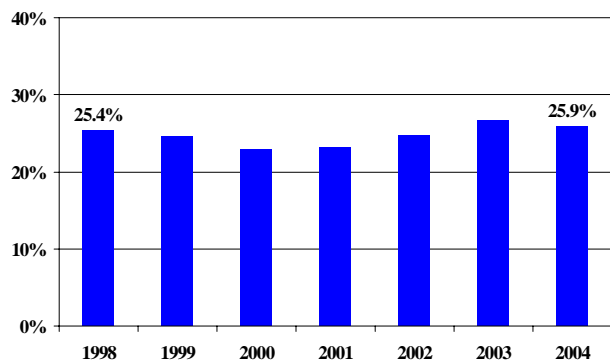
Welcome to Cardiovascular Health Nova Scotia's first e-mail bulletin. The bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province. We aim to publish the bulletin quarterly.

If you did not receive this bulletin directly from CVHNS and would like to be added to our email list, please contact Theresa Babb at theresa.babb@cdha.nshealth.ca or by phone at (902) 473-7834. We invite you to suggest innovative ideas/programs/resources to share or highlight in upcoming issues. Please e-mail your ideas to Theresa at the e-mail address above.

Twenty-five per cent of Nova Scotians Wait More Than 12 Hours Before Going to Emergency When Having an Acute Myocardial Infarction

We know that prolonged symptom duration in Acute Myocardial Infarction (AMI) patients is associated with adverse outcomes. In Nova Scotia, the median hours from onset of chest pain to arrival at the emergency department has remained consistent since 1998, between 2.7 to 3.1 hours. This is comparable to Ontario data.

Chart 1- Percentage of Patients with > 12 Hours Between Onset of Chest Pain to Arrival in Emergency Department



Perhaps most shocking is that approximately twenty-five per cent of Nova Scotians who had an AMI waited greater than 12 hours from onset of chest pain to going to the emergency department (see Chart 1). The data clearly show that in-hospital mortality increases as the time between chest pain onset and seeking medical attention increases (see Chart 2).

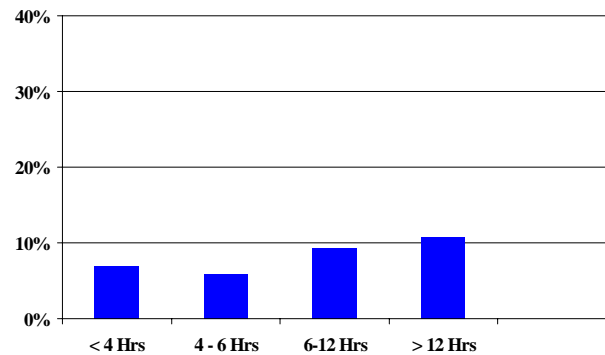
A number of research studies have examined the issue and found that females and the elderly wait longer before seeking medical attention.¹ Additional factors such as poverty, history of angina or

diabetes, and initial evaluation at a family doctor's office or outpatient clinic have been found to be related to later presentation times.^{2,3} This suggests that strategies to alter health-seeking behaviour, particularly in these high-risk populations, may be needed as part of a comprehensive approach to shortening delays to treatment.

There is little evidence of effective strategies in the literature, however suggested strategies include:²

- Education programs/public awareness campaigns to emphasize chest pain as a potential medical emergency, requiring an ambulance, and
- Action plans for family physicians related to management of patients presenting with chest pain.

Chart 2 - In Hospital Mortality Based on Symptom to Door Time



References:

1. Jackevicius CA, Alter D, Cox J et al. Acute treatment of myocardial infarction in Canada: 1999-2002. *Can J Cardiol.* 2005;21(2):145-152.
2. Ingarfield SL, Jacobs IG, Jelinek GA, Mountain D. Patient delay and use of ambulance by patients with chest pain. *Emerg Med Australas.* 2005;17 (3):218-223.
3. Gibler WB, Armstrong PW, Ohman EM, et al. Persistence of delays in presentation and treatment for patients with acute myocardial infarction: The GUSTO-I and GUSTO-III experience. *Ann Emerg Med.* 2002;39 (2):123-130.

Learning Opportunities

Upcoming Events

NB Heart Symposium, September 21-23, 2006, Saint John, NB. Contact Brenda McNamara at MCNBR@reg2.health.nb.ca for registration information.

Canadian Cardiovascular Congress October 21-25, 2006, Vancouver, B.C.
<http://www.cardiocongress.org/english/index.html>.

Atlantic Canada Stroke Conference, Best Practices in Stroke Management: Practical Hints and Helpful Tips, September 7-9, 2006, Halifax, NS. For a program and registration information, go to <http://cme.medicine.dal.ca/files%5Cacsc%20web%20brochure.pdf>

Self-Management Workshop

CVHNS and the Diabetes Care Program of Nova Scotia hosted our first joint workshop in April, with over 200 health professionals in attendance. The focus of the workshop was to introduce the chronic care model and to develop skills to help facilitate self-management of chronic disease. Feedback on the workshop was extremely positive and we hope to do more joint initiatives in future.

CVHNS - Monitoring & Surveillance

Provincial Stroke Audit

A provincial stroke audit is underway to identify baseline data on stroke care in Nova Scotia. The audit is being conducted by trained abstractors over the next six months. We will use the information to identify areas for improvement in stroke care.

In addition, a stroke quality indicators and monitoring committee has been struck to recommend a strategy for ongoing monitoring of stroke quality indicators in Nova Scotia.

Accessing Cardiac Admissions Data: How Does Your DHA Measure Up?

CVHNS maintains the data collection and database started under the ICONS Research Study. The database contains information on process and outcomes for all admissions to Nova Scotia hospitals for Acute Myocardial Infarction, Congestive Heart Failure, and Unstable Angina. We are finalizing a standard data report for DHAs, based on input from a number of DHAs. This report will be sent regularly to appropriate individuals in each DHA. District Health Authorities can request additional data in writing through Neala Gill. Data access policies are currently under development and will be circulated widely upon completion.

AMI Bundle Data, Safer Healthcare Now!

Eight months ago, we expanded the indicators collected to include all six indicators for the AMI Bundle for *Safer Healthcare Now!* DHAs wishing to receive a report on these indicators can request the report through Neala Gill. For more information on *Safer Healthcare Now!* Visit the website at www.saferhealthcarenow.ca.

CVHNS Working Groups

We currently have four working groups with a mandate to recommend standards and service delivery models for the province. Membership on each group includes representation from across the province with a broad base of expertise.

Acute Stroke Working Group

This group is developing and recommending acute care best practice guidelines for pre-hospital and acute stroke care (defined as the first week) in Nova Scotia. The first draft has been circulated to stakeholders for review and comment.

Stroke Rehabilitation Working Group

This group is planning to work closely with the Canadian Stroke Strategy process to develop stroke rehabilitation standards that are nationally consistent. This group will address rehabilitation beyond the first week through to community reintegration.

Acute Coronary Syndrome Working Group

This group is examining the existing North American guidelines for STEMI and non-STEMI management and will be recommending guidelines for management of Acute Coronary Syndrome in Nova Scotia.

Access to Interventions and Diagnostics

This group is reviewing the report, *It's About Time*, from the National Wait List Alliance and will make recommendations related to cardiac wait times and access for Nova Scotia. The group is also looking at similar access issues for stroke.

South West Health Stroke Demonstration Program

An exciting initiative is taking place in South West Health. The district is planning, implementing and evaluating a district stroke program based on best practices, as described in *Re-Organizing Stroke Care in Nova Scotia*, a report of the Heart and Stroke Foundation of Nova Scotia.

To date a stroke program coordinator has been hired, a steering committee is in place, staff has been recruited, a multidisciplinary stroke team is in place, several working groups have been initiated and an evaluation plan developed. The expected outcomes include coordinated, integrated stroke care and improved outcomes for patients.

Dr. Raj Parkash is the physician champion for the demonstration program. Dr. Parkash is involved in the development and implementation of the change process. Key components include EHS protocols, a stroke team, clustering of stroke patients in one hospital on one unit, bi-weekly stroke team rounds, a stroke clinic and community re-integration planning.

Multidisciplinary professional education is also a key strategy. A working group has assessed the needs of the local health care providers and will address these in a professional education plan.

For more information, contact Melanie Mooney at MMooney@swndha.nshealth.ca.

Helpful Resources

Atlantic Cardiac Rehabilitation Network

The ACRN is a network coordinated out of the New Brunswick Heart Centre. The network offers a yearly schedule of web and teleconferences, as well as a newsletter. For more information contact Cleo Cyr at (506) 648-6201 or cyrcl@reg2.health.nb.ca.

Capital Health Patient Pamphlets

Cardiovascular care and stroke patient pamphlets from Capital Health are available online. Go to <http://www.cdha.nshealth.ca> and click on Patient Information.

New CCS Heart Failure Consensus Recommendations Website

The 2006 CCS Consensus Conference Recommendations were published in the Canadian Journal of Cardiology in January 2006. The CCS Heart Failure Consensus Recommendations Program website was recently launched, providing stakeholders with information on the program. Go to www.ccs.ca/home/index_e.aspx and click on Heart Failure Consensus Conference. Four workshops are being held across Canada to form a strategy for dissemination and implementation of the recommendations. One of these workshops is being held in conjunction with the New Brunswick Heart Symposium in September.

Canadian Stroke Strategy

The Canadian Stroke Strategy national steering committee is now in place and held a strategic planning meeting in January. It is expected that the information will be available soon on the direction of the CSS. For more information visit www.canadianstrokestrategy.ca.

Innovative Ideas

Smoking Cessation Program

Cape Breton District Health Authority has developed a comprehensive smoking cessation program and system for referral. The program was developed in conjunction with Addiction Services and is based on the Stages of Change. A number of tools have been developed, including a self-directed learning package for health professionals. This program has been successfully rolled out throughout the DHA as part of the DHA's response to the AMI Bundle for *Safer Healthcare Now!* For more information, contact Dannie Currie at curried@cbdha.nshealth.ca.

One Strategy to Improve Door to Needle Time

As part of the AMI Bundle for *Safer Healthcare Now!* Guysborough Antigonish Strait Health Authority has developed a 3-step strategy to help reduce the time from arrival at Emergency to administration of thrombolysis for ST elevation myocardial infarction (STEMI). Physicians were invited to participate in a CME session focused on the treatment of STEMI. A quick assessment guide was

developed, laminated and placed on the Emergency Room clipboard. Also, all Emergency Room Physicians received a letter reinforcing their role in the timely administration of thrombolysis. For more information, contact Lena MacDonald at MACDONALDLM1@gasha.nshealth.ca

New Equipment for Paramedics Means Faster Heart Attack Treatment

All of Nova Scotia's ground ambulances are now equipped with defibrillators capable of performing 12-Lead electrocardiograms (ECGs) on scene. This is the same type of test that a patient with chest pain would normally receive in the hospital. Paramedics will be able to transmit the ECG report through special cell phone transmissions directly to one of 19 receiving hospitals throughout Nova Scotia via fax. For remaining hospitals, paramedics will print the test results and provide it to the receiving team in person. In many cases, the advancement will allow treatment to begin an average of 36 minutes sooner, improving outcomes for people having a heart attack. The new capabilities will soon be announced publically, and Nova Scotians will be strongly encouraged to call 9-1-1 for chest pain.

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