

The Bulletin

Welcome to the Cardiovascular Health Nova Scotia (CVHNS) e-mail bulletin, produced 3 times annually. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province.

IMPLEMENTATION OF THE INTERNATIONAL DYSPHAGIA DIET STANDARDIZATION INITIATIVE (IDDSI) IN NOVA SCOTIA HEALTH AUTHORITY (NSHA)

Dysphagia, or difficulty swallowing, is a prevalent condition which affects about 13% of hospitalized patients (20-40% of those with stroke, head injuries and neuromuscular conditions) and about 60% of residents in long term care (LTC). Swallowing dysfunction can also result from age-related swallowing changes, structural or functional abnormalities of the GI tract, and breathing disorders. It dramatically increases the risk of choking, aspiration pneumonia, malnutrition, and dehydration which results in increased hospital length of stay, higher health care costs, and higher mortality.

One of the most common strategies for managing dysphagia is the provision of texture modified foods (chopped, minced, pureed) and thickened liquids (of various thicknesses). Recommendations for texture modifications and liquid thicknesses are based on comprehensive clinical assessments, completed by speech language pathologists and dietitians.

Diet texture terminology currently differs across NSHA hospitals and LTC facilities, creating confusion and increasing patient risk when patients move from site to site. Without a standardized way of naming and describing texture modified foods and thickened liquids, there is the possibility of misinterpreting what should be provided on a given diet order. If errors occur and the wrong foods are provided, it can be life threatening to the patient with dysphagia.

NSHA is in the process of developing a Provincial Dysphagia Strategy to ensure that dysphagia is optimally identified and managed in order to minimize negative health outcomes, and decrease hospital length of stay and healthcare costs. As part of this strategy, NSHA will be implementing the International Dysphagia Diet Standardization Initiative (IDDSI) terminology. Clinical Dietitians from NSHA Nutrition and Food Services and Speech-Language Pathologists from Nova Scotia Hearing and Speech Centres have partnered with the IWK and LTC to form a provincial IDDSI working group to help prepare for the provincial roll out of the IDDSI framework.

IDDSI provides a framework of global standardized terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures. The IDDSI framework consists of a continuum of 8 levels (0-7). Levels are identified by numbers, text labels, colour codes and abbreviations to improve patient safety. Detailed descriptions of what is allowed at each level, as well as testing methods to ensure compliance with each level are clearly outlined and available on the IDDSI website. Provincial implementation of IDDSI will significantly decrease risk by ensuring patients receive the appropriate texture as they move across sites.

NSHA is planning a phased in approach for IDDSI implementation. The initial phase of IDDSI implementation will see **the terminology for liquids change on Oct. 30, 2019.** The terms thin,

slightly, mildly, moderately and extremely thick liquids will be used to describe the various levels of thickness and each of these liquid consistencies will be available at all sites across our province. The chart below compares the new terminology with the old terminology used on each of the current food management systems.



IDDSI Liquid Consistency	Abbreviation	Current Meditech Term (NSHA)	Current Star Term (NSHA)
Extremely Thick	EX4	Pudding Thick	No liquids
Moderately Thick	MO3	Honey Thick	Thickened Liquids
Mildly Thick	MT2	Nectar Thick	(Not offered)
Slightly Thick	SL1	Not offered	(Not offered)
Thin	TN0	Regular	(Assumed)

To learn more about IDDSI, visit the website at <https://iddsi.org>.

Deidre Burns, Clinical Dietitian, Western Zone, NSHA
 Darlene Durant, Clinical Dietitian, Northern Zone, NSHA
 Nancy Blake, Speech-Language Pathology Manager, NSHSC

Catch up on any issues you may have missed. Past issues of the CVHNS bulletin can be found online [here](#).

Learning Opportunities

93rd Annual Dalhousie Fall Refresher, November 28-30, 2019. Halifax, NS. <https://medicine.dal.ca/departments/core-units/cpd/conferences.html> or Gillian Reid, 902-494-2173

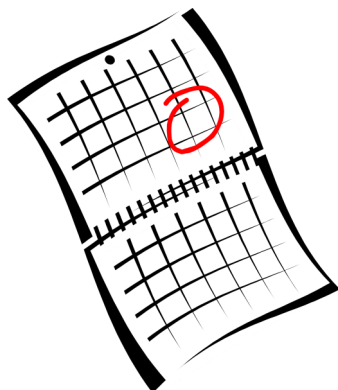
Heart & Stroke Clinical Update, December 6-7, 2019. Toronto, ON. https://secure-support.heartandstroke.ca/site/SPageServer?pagename=cu_homepage

Heart & Stroke Clinical Update, December 6-2019. Webinar session (\$50 fee). <https://secure.effreg.com/r/e/dy6VomBq;jsessionid=A9DD36A69F9AE1FB2193D4E8D7DB9D7B?0>

12th Annual Ottawa Conference: State of the Art Clinical Approaches to Smoking Cessation, January 17-18, 2020. Ottawa, ON. <https://ottawamodel.ottawaheart.ca/ottawa-conference>

Canadian Women's Heart Health Summit, April 2-3, 2020. Ottawa, ON. <https://cwhhc.ottawaheart.ca/summit>

CCCN Spring Nursing Conference & Annual General Meeting, May 22-23, 2020. Calgary, AB. <http://www.cccn.ca/content.php?doc=182>



CVHNS News

Posters Presented at National Meetings

CVHNS presented a poster at the Canadian Stroke Congress held October 3-5 in Ottawa entitled: Improving stroke care in Nova Scotia, Canada: a population-based study spanning a decade. The Canadian Stroke Congress is a national meeting hosted by the Heart & Stroke Foundation (HSF), Canadian Stroke Consortium, and the HSF Canadian Partnership for Stroke Recovery. The Canadian Stroke Congress is anticipated to move to a biennial schedule, with the next meeting in Fall 2021.

Two CVHNS posters were presented at the Canadian Cardiovascular Congress (CCC) October 24-27, in Montreal:

- Developing a more efficient process for identifying ST-Elevation Myocardial Infarction cases in a provincial registry
- A provincial registry to facilitate quality improvement related to door to needle time in Nova Scotia

CCC is the largest gathering of cardiovascular and allied health professionals in Canada. The annual meeting is hosted by the Canadian Cardiovascular Society in association with a number of key cardiovascular partner organizations.

Local Activities to Improve Door to Needle Time

In keeping with our plan to share updates and learnings in our Bulletin on a regular basis, here is a summary of recent quality improvement efforts in the area of Door to Needle times. We may not have information on every site in each issue; absence from the list does not mean the site is not engaging in quality improvement.

Cape Breton Regional

- **Stroke.** Code Stroke implemented in February. CTA was included as part of the Code Stroke process in September.

Yarmouth Regional

- **Stroke.** A stroke “scorecard” was created. Data for two quarters has been shared via the scorecard posted on Stroke info boards.

Cumberland Regional

- **STEMI.** The Cardiovascular Coordinator is receiving Omnicell notifications of patients that receive lytic to enable timely data collection.

Funding to improve continuum of care for individuals with acquired brain injury

Acquired Brain Injury (ABI) Program physicians and staff received exciting news last winter. A bilateral federal provincial agreement provided funding to improve the continuum of care for individuals with acquired brain injury and their families.

The funding enabled the ABI Program, in collaboration with the Brain Injury Association of Nova Scotia (BIANS) to develop the **NeuroCommons** at Bedford Place Mall. The NeuroCommons will be a community-based NSHA facility that will cluster existing Central Zone ABI Outreach and Day Program services with expanded services and programming to meet the needs of individuals with ABI.

Targeted funding was also provided to invest in the development and implementation of a **Provincial Network of Care for ABI**. The network will bring together leaders, clinicians and key stakeholders across the province in order to improve care for clients and their families across the province. Send an email to abinetwork@nshealth.ca if you would like to receive more information on about the Provincial ABI Network, receive information on provincial ABI events or to be included in the network’s distribution list.

For detailed information visit the [Canada-Nova Scotia Home and Community Care and Mental Health and Addictions Services Funding Agreement](#).

Richard Braha, on behalf of the ABI Network

Helpful Resources

Boudreau R, Fu A, Barry Q, Perry-Nguyen D, Tran U, Simard T, et al. [Do the DAPT and precise-DAPT scores provide concordant recommendations for duration of P2Y12 inhibitor treatment after percutaneous coronary intervention?](#) *Can J Cardiol.* 2018; 34(10):S12–S13.

Brasier N, Raichle CJ, Dörr M, Becke A, Nohturfft V, Weber S, et al. [EP Detection of atrial fibrillation with a smartphone camera: first prospective, international, two-centre, clinical validation study \(DETECT AF PRO\).](#) *EP Europace.* 2019; 21(1):41–47.

Li KHC, White FA, Tipoe T, et al. [The current state of mobile phone apps for monitoring heart rate, heart rate variability, and atrial fibrillation: narrative review.](#) *JMIR Mhealth Uhealth.* 2019; 7(2):e11606.

Naci H, Salcher-Konrad M, Dias S, et al. [How does exercise treatment compare with antihypertensive medications? A network meta-analysis of 391 randomised controlled trials assessing exercise and medication effects on systolic blood.](#) *B J Sports Med.* 2019; 53:859-869.

Yip A, MacLeod J, Leonard P, Lutchmedial S, Legare J, Hassan A. [Increased distance from the tertiary cardiac care centre prolongs wait times but does not affect long-term outcomes in patients undergoing cardiac catheterization in New Brunswick.](#) *Can J Cardiol.* 2018; 34(10):S172.

iwalk is a free clinical toolkit that includes a guide, videos, and a new app called [iwalkassess](#). These resources are designed to help physiotherapists administer the 10-metre walk test and the 6-minute

walk test with people post-stroke, interpret test performance, educate patients, and set goals. The app is free and available from [iTunes](#) and [Google Play](#).

Stroke Riskometer™ is a unique and easy to use tool for assessing your individual risk of a stroke in the next five or ten years and what you can do to reduce the risk. The app can also give you an indication of your risk of heart attack, dementia, and diabetes. Available from [iTunes](#) and [Google Play](#).

E-Cigarettes and Vascular Health

Caporale A, Langham MC, Guo W, Johncola A, Chatterjee S, Wehrli FW. [Acute effects of electronic cigarette aerosol inhalation on vascular function detected at quantitative MRI](#). *Radiology*. 2019; 293:97-106.

Chun LF, Moazed F, Calfee CS, Matthay MA, Gotts JE. [Pulmonary toxicity of e-cigarettes](#). *Am J Physiol Lung Cell Mol Physiol*. 2017; 313 (2):L193-L206.

Hajek P, Phillips-Waller A, Przulj D, Pesola F, Myers Smith K, Bisal N. [A randomized trial of e-cigarettes versus nicotine-replacement therapy](#). *N Engl J Med*. 2019; 380:629-637.

MacDonald A, Middlekauff HR. [Electronic cigarettes and cardiovascular health: what do we know so far?](#) *Vasc Health Risk Manag*. 2019; 15:159-174.

the unit that identifies when the stroke team members are present/away and who to contact in their absence. In addition to the calendar, they also posted the regular coverage days for each service within the stroke team. Each team member writes scheduled days off on the calendar and the coverage plan, if applicable, in an adjacent coverage plan chart. The goal was to bridge communication gaps and improve information transfer by better informing staff of available resources at any given time and how to access a service in the regular provider's absence.

Wear Red: Raising awareness about women's heart health locally

Wear Red Canada is an event held to raise awareness about women's heart health. On March 8th, 2019 in Bridgewater, a successful Wear Red Day saw significant local participation. People wearing red gathered in the community room of the Bridgewater Superstore. Ten information booths focusing on women's heart health (e.g., how to manage your risk of heart disease) were run by Bridgewater Recreation, YMCA, Diabetes NS, HSF, and others. The event also included a heart healthy eating demonstration by the in-store dietitian and local MLAs sharing their thoughts on women's heart health. The Town of Bridgewater offered its support with free public transit that day and the mayor attended the event. Social media for the event (Twitter, Facebook group) showed significant engagement with over 2,000 views, 47 "re-tweets", and 101 "likes". Planning for the event involved a wide range of representatives, including a heart patient spokesperson and a Health Promotion intern from Dalhousie University. Planning for a 2020 event is already underway. For more information please contact neil.hewitt-barney@nshealth.ca

Innovative Ideas

Stroke Team Calendar

At the Cape Breton Regional Hospital, an identified area for improvement was that nursing staff did not always know when allied health stroke team members were going to be on the Acute Stroke Unit. As a team they decided to use a calendar on

#HERHEARTMATTERS

The all-new Canadian Stroke Best Practices website is live! Heart & Stroke has created a new Canadian Stroke Best Practices (CSBP) website, designed to provide easy access to the most current evidence-based stroke recommendations, resources, webinars, and events.
www.strokebestpractices.ca



1 in 4 of us will have a stroke.

**DON'T BE
THE ONE**



World Stroke Day: October 29th

CONTACT US

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