

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.

Plans to Address Potential TNK Shortage

Roche Canada is undergoing a temporary shortage of TNKase due to capacity constraints within their manufacturing supply chain. TNKase is indicated for use in acute myocardial infarction (AMI) and the shortage is expected to last until January 2015. The following information has been gathered to help mitigate this shortage.

The Provincial Drug Distribution Program (PDDP), working with pharmacy and EHS leadership, have studied TNKase usage by district combined with current stock levels within our provincial system. Based on this data, it is recommended that all **Non-Regional Hospital** sites can continue to use TNKase without interruption (ie., sites that use less than two kits per month) as PDDP will have enough supply to keep these smaller sites completely stocked. **Regional Hospital** sites are developing an alternative treatment regimen in case this is required. PDDP will continue to allocate TNKase to these regional sites, but if supply of TNKase runs low, this alternative treatment will become effective December 1st, 2014. **EHS RESTORE** program will be provided enough TNKase to manage through the shortage period.

Alternatives

- Activase® rt-PA (alteplase) is also approved for treating AMI and supply is available from Roche Canada however the dosing and administration differ from that of tenecteplase .
- Roche Canada has advised that Activase 100mg vials may be depleted between now and January, but 50mg vials are forecasted to be in good supply during this period. The 50mg vials will require usage of a smaller IV bag to allow mixing of 2 x 50mg vials and hospitals are encouraged to add this to preprinted orders (PPO) in case this extra step is required.

Provincial/Territorial leaders are working closely with Health Canada and Roche Canada to address many of the concerns around the different requirements for Activase and significant efforts are underway to expedite Health Canada approvals of Roche's manufacturing site. Additionally, work is ongoing to

determine if US labeled TNKase could be brought into the Canadian market to relieve some of the pressure.

Cardiovascular Health Nova Scotia is preparing a slide deck which can be used locally and will be available early in November. CDHA has developed a PPO for treatment of ST elevation myocardial infarction (STEMI) with Activase that has been shared throughout the province. The provincial plans have been communicated to Pharmacy Directors, Vice Presidents of Medicine, Vice Presidents of Clinical Care, Emergency Department Medical Directors, Emergency Department Managers and District Cardiovascular Coordinators. Further communication about the shortage will be sent out as the situation progresses.

Learning Opportunities

Dalhousie Department of Medicine Education Schedule

www.medicine.dal.ca/departments/department-sites/medicine/education/cpd.html

New Hypertension Canada online course, A comprehensive approach to the diagnosis and management of hypertension.

www.hypertension.ca/en/professional/pep-online

CSN Stroke Learning Series

The Canadian Stroke Network (CSN) developed web-based Continuing Medical Education (CME)/ Continuing Professional Development courses on a number of stroke topics, including three mini-courses from the 4th Canadian Stroke Congress. The Stroke Congress presentations include *Prevention and Acute Treatment of Stroke*, *Rehabilitation Post Stroke*, *Vascular Cognitive Impairment* and provide up to 1.5 credit hours. There are also modules available on *Secondary Stroke Prevention* and *Stroke Rehabilitation* (up to 2 credit hours each). The modules are available at <http://www.mdcme.ca/stroke>. Modules are available for free by creating an account on the website.

CVHNS News

Blood Pressure Challenge 2014

The 3rd annual *Come on Nova Scotia... Check it!* Blood Pressure Challenge organized by Cardiovascular Health Nova Scotia, the Diabetes

Care Program of Nova Scotia and the Nova Scotia Renal Program was held in the month of May. Participating organizations were encouraged to set up blood pressure stations and promote awareness about blood pressure and what can be done to keep it within a healthy range. This year we once again partnered with the Heart & Stroke Foundation of Nova Scotia to encourage more workplaces throughout Nova Scotia to participate in the challenge.

Many of the District Health Authorities partnered with local businesses (ie., restaurants, farmers markets, post offices, malls, grocery stores, fitness centres, factories or community centres) to extend their reach. Others chose to take advantage of local events (ie., fun runs, expos, health fairs) to increase the number of blood pressures checked. Many of the participating groups offered door prizes and incentives for participating. Colchester East Hants Health Authority added a competitive edge by offering extra points towards winning door prizes to those who answered a daily brain teaser posted on the staff website.

The challenge was successful thanks to the efforts of many around the province. Sixty-five challenge kits were sent out. Each kit included instructions on how to implement a challenge as well as educational materials for participants. We met our goal of having 4000 blood pressures checked in the province during the challenge. Fourteen percent of blood pressure readings were above recommended target. Eight of nine district health authorities and the IWK participated in the challenge this year. Kudos to Cape Breton District Health Authority who recorded the most blood pressure checks (851), a new record high. Cumberland Health Authority (663) and Colchester East Hants Health Authority (608) came in second and third respectively in the blood pressure challenge.

Many thanks to all who participated in the 2014 blood pressure challenge. We look forward to seeing what you can do in 2015!

Renal Protocol for Acute Coronary Syndrome Patients Being Referred for Cardiac Catheterization

In late 2013, a working group comprised of representatives from Cardiovascular Health Nova Scotia, Nova Scotia Renal Program and physicians representing interventional cardiology, internal medicine, nephrology and radiology met to develop a draft protocol to guide referral for cardiac catheterization in individuals with reduced renal function. The protocol was reviewed by additional cardiology and nephrology experts and the final version is now being reviewed by committee members. Supporting tools (ie., slide set, checklists, cards) will be developed. All resources will be available on our website later this Fall. Visit <http://novascota.ca/DHW/cvhns>.

DHA News

South Shore Health's (SSH) Cardiac Rehabilitation Innovation

Evidence shows that earlier entry into cardiac rehabilitation programs leads to improved cardio metabolic fitness and lower rates of mortality and morbidity. Historically, cardiac rehabilitation in SSH was a 12-week program that accepted 14 to 15 patients and ran three times each year. This resulted in long wait times and limited capacity for entry, so it was decided that a new model for cardiac rehabilitation would be trialed.

In November 2013, the program changed from a 12 - week to an 8-week supervised program. After 8 weeks the patients are transitioned into a 4-week

YMCA program where a kinesiologist continues to monitor and develop their exercise regime. Feedback on the new model has been positive. Patients have been observed continuing to exercise at the YMCA beyond the 8 supervised weeks.

As of October 2014, cardiac rehabilitation will have two (one hour) back to back sessions of exercise twice weekly, running in 8-week blocks, once again increasing program capacity. The YMCA follow up duration will be the same. Follow up consists of a phone call from the Cardiovascular Clinic at one month and a group visit three months after completion of the program.

Cardiovascular education sessions are held at a new site and regularly scheduled. This enables not only our supervised cardiac rehabilitation and cardiac home exercise patients to attend but broadens access to include patients with multiple comorbidities. For more information please contact Susan Atkinson, satkinson@ssdha.nshealth.ca or 902-543-4604, ext. 2330.

Helpful Resources

2013 CCS Heart Failure Guidelines

Canadian Cardiovascular Society Heart Failure Management Primary Panel, Moe GW, Ezekowitz JA, et al. The 2013 Canadian Cardiovascular Society heart failure management guidelines update: Focus on rehabilitation and exercise and surgical coronary revascularization. *Can J Cardiol.* 2014; 30(3):249-263. doi: 10.1016/j.cjca.2013.10.010; 10.1016/j.cjca.2013.10.010.

2014 CHEP Recommendations

Dasgupta K, Quinn RR, Zarnke KB, et al. The 2014 canadian hypertension education program recommendations for blood pressure measurement,

diagnosis, assessment of risk, prevention, and treatment of hypertension. *Can J Cardiol.* 2014; 30(5):485-501. doi: 10.1016/j.cjca.2014.02.002; 10.1016/j.cjca.2014.02.002.

A Different Approach to Improving Quality Patient Care

Hayward M, Endo JA, Rutherford P. A focus on 'always events'. strategy ensures patient-centered care and a better patient experience. *Healthc Exec.* 2014;29(1):78, 80-1.

Making Improvement Interventions Happen

Batalden P. Making improvement interventions happen--the work before the work: Four leaders speak. *BMJ Qual Saf.* 2014;23(1):4-7. doi: 10.1136/bmjqs-2013-002440; 10.1136/bmjqs-2013-002440.

National Institute for Health and Care Excellence (NICE) Atrial Fibrillation Guidelines 2014

Atrial fibrillation: the management of atrial fibrillation. National Institute for Health and Care Excellence website. <http://www.nice.org.uk/guidance/CG180>. Published June 2014. Accessed July 2, 2014.

National Institute for Health and Care Excellence (NICE) Atrial Fibrillation Patient Website 2014

careAF website. <http://www.careaf.org/> Updated July 2014. Accessed: July 2, 2014.

Renal Denervation Therapy

Khan NA, Herman RJ, Quinn RR, et al. Renal denervation therapy for the treatment of resistant hypertension: A position statement by the canadian hypertension education program. *Can J Cardiol.* 2014; 30(1):16-21. doi: 10.1016/j.cjca.2013.07.008; 10.1016/j.cjca.2013.07.008.

Risk Stratification

Fitchett DH, Mancini GB, Gregoire J, Anderson T, McPherson R. Risk stratification and selection for statin therapy: Going beyond framingham. *Can J Cardiol.* 2014; 30(6):667-670. doi: 10.1016/j.cjca.2014.03.006; 10.1016/j.cjca.2014.03.006.

Systematic Management of Hypertension Patients

Hypertension – Therapeutic Guide 4th Edition.

Quebec Hypertension Society website.

<http://www.hypertension.qc.ca/content.asp?node=323&lang=en> Accessed July 2, 2014. (Order from web page.)

anonymized patient health information from primary care practices across the country using electronic medical records (EMR) for the purpose of surveillance and research. The CPCSSN project has contributed to important findings around five chronic diseases affecting Canadians; Hypertension, Diabetes, Osteoarthritis, Depression, and Chronic Obstructive Pulmonary Disease. With access to the entire EMR, CPCSSN can conduct research on diseases of paramount interest to primary health care. Visit CPCSSN.ca or contact nandini.natarajan@dal.ca for more information.

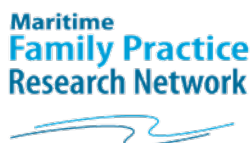
Innovative Ideas

Maritime Family Practice Research Network

The Maritime Family Practice Research Network (MaRNet-FP) has developed a network of community-based family practices across Nova Scotia engaged in primary care research. The aim of MaRNet-FP is to foster better health care delivery and improve the health status of patients and their families in Nova Scotia.

MaRNet-FP is currently collecting anonymized patient health information every three months on over 93,000 patients from 51 family physician and seven nurse practitioner community practices across Nova Scotia using the Nightingale EMR. Individualized practitioner feedback to improve practice is a central task of MaRNet-FP.

MaRNet-FP is a regional member of the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), the first national multi-disease electronic record surveillance system, funded by the Public Health Agency of Canada in partnership with the College of Family Physicians of Canada. CPCSSN collects and maintains a database of



SWH—Stroke Interprofessional Practice Guidelines

South West Health (SWH) has been using *Stroke Interprofessional Practice Guidelines* to support best practice since 2007. At that time there was an identified need to clarify best practices for interprofessional care for persons hospitalized with stroke. The guidelines are based on the Canadian Best Practices Recommendations for Stroke Care and focus on three timeframes: the first 24-72 hours, 72 hours onward, and discharge planning. The *Stroke Interprofessional Practice Guidelines* are updated regularly to reflect best practice evidence and leading expert opinion found within the latest version of The Canadian Best Practice Recommendations for Stroke Care. The process for updating the practice guidelines include review and revisions by an interdisciplinary working group, approval by program directors, and a plan for dissemination that includes staff education by placing the document in the Cardiovascular Unit (CV) "read-Me" binder. The guideline document can be accessed through the SWH intranet as well

as the Stroke Resource binder housed on the CV Unit and it is highlighted during orientation day for new staff. For more information contact Kelly Goudey, kgoudey@swndha.nshealth.ca or 902-742-3542, ext. 1592.

CEHHA—Easy Computer Access to Stroke Care Guidelines and Resources

It is a fact: nursing stations can easily become cluttered with memorandums, books, protocols, etc. Items can easily “grow feet” and travel to different locations, or collect dust without anyone noticing. Rather than add yet another binder to the actual desktop, we decided to utilize our electronic one! A folder titled “Stroke Resources” was created on the desktop of all computers on the stroke unit. There, health care professionals can quickly and easily locate educational tools and supports (such as the “The Canadian Best Practice Recommendations for Stroke Care” and also an educational presentation titled, “Stroke 101” created by Michelle MacKay, NP Neurology, CDHA.) It is also a great location to store materials from “lunch and learn” sessions or educational presentations for those who were unable to attend. Whether you are looking for a guideline in a hurry or you have some time on your shift, these resources are available at the click of a mouse. For more information contact Meaghan O’Handley, Meaghan.o’handley@cehha.nshealth.ca or 902-893-5554, ext. 42627.

Antiplatelet Guideline Update

The antiplatelet sections of the *Nova Scotia Guidelines for Acute Coronary Syndromes* (2008) have been updated. Focused update documents (comparing old and new guidelines) are available on our website for ST elevation myocardial infarction and non-ST elevation acute coronary syndromes. Documents outlining the new guidelines *only*, are also available. Visit <http://novascotia.ca/DHW/cvhns/publication.asp>.

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