

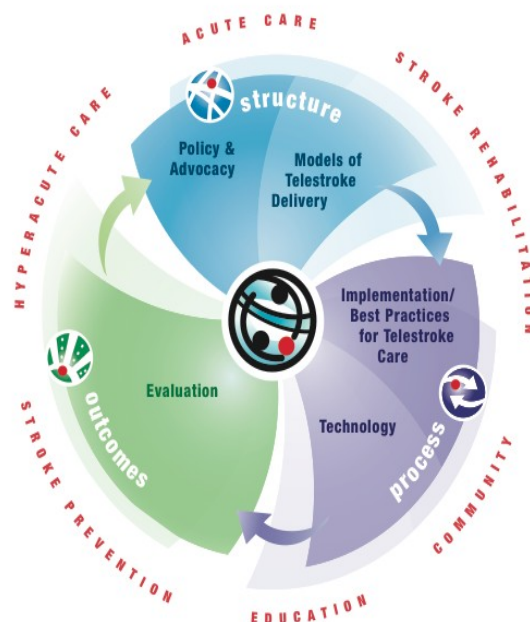
Welcome to the Cardiovascular Health Nova Scotia (CVHNS) e-mail bulletin, produced 3 times annually. The Bulletin has been created to share information about the program's activities, related cardiovascular health initiatives, and ideas from around the province.

USING TELEHEALTH TO IMPROVE STROKE CARE

Use of telehealth for the purposes of improving stroke care is on the rise in Canada. The predominant use of this technology is to increase access to thrombolytic therapy (tPA) in smaller hospitals. In Nova Scotia, we have used different strategies to increase rates of thrombolysis from 3% of ischemic strokes in 2004/05 to 15% of ischemic strokes in 2011/12. These strategies have included: education, identifying stroke physician champions, hosting stakeholder forums, local development of activation protocols for eligible stroke patients, and data monitoring. There are other areas along the continuum of care that warrant exploration into the use of "Telestroke" to improve gaps in care.

The Canadian Stroke Network (CSN) did extensive consultations last year in the development of a report entitled "Expanding Telestroke in Canada". While the focus of the activity discussed in that report continues to be around tPA, one of the recommendations of the report was to explore opportunities in the post-acute phase of care, particularly secondary prevention, rehabilitation and recovery. The model adopted by CSN, shown here, clearly shows this commitment to looking at Telestroke opportunities across the continuum.

Both Alberta and Saskatchewan have developed telehealth programs to enhance access to secondary prevention in northern communities. In Alberta, 3 "hub" sites provide neurology coverage for 52 "spoke" sites and complete 400 secondary prevention visits per year by distance. This service allows people to receive secondary prevention in or close to their home community and is credited with a 12.8%



decline in stroke presentations to the emergency department over four years¹. Saskatchewan's program is finishing the pilot phase with neurologists providing distance secondary prevention appointments throughout the northern half of the province.

There are some smaller examples, often in research settings, of how telehealth can be used for distance rehabilitation consultations or home therapy programs. One small pilot project in Quebec implemented a Tai Chi style balance training program for patients post-stroke². This program relied on a family member to provide any physical support or guidance while the instructor was located at the central site. This small study showed improved balance as well as high patient satisfaction with the service provided.

CVHNS is committed to supporting best practice stroke care across Nova Scotia. For certain aspects of stroke care, telehealth may provide an efficient solution that fits within the current context of the province. Stroke examples from other provinces or non-stroke examples from within Nova Scotia can provide insight into how we can maximize opportunities for best stroke care while allowing patients to stay close to home.

¹ Canadian Stroke Network. *Expanding Telestroke in Canada*. 2012. Available at: www.canadianstrokenetwork.ca. ² Corriveau, H., M. Tousignant, S. Gosselin, P. Boissy (2012). The Use of Telerehabilitation to Provide an Exercise Program to Improve Balance in a Post-Stroke Population: Preliminary Results. In M. Donnelly et al (Eds) *Impact Analysis of Solutions for Chronic Disease Prevention and Management: Proceedings from the 10th International Conference on Smart Homes and Health Telematics (ICOST) held in Artimino, Tuscany, Italy, 12-15 June, 2012* (pp 58-65). London, United Kingdom: Springer Heidelberg Dordrecht.

Learning Opportunities

New Brunswick Heart, September 19-21, 2013, Saint John, NB. <http://horizonnb.ca/home/facilities-and-services/provincial-programs/new-brunswick-heart-centre/health-care-professionals/symposiums.aspx>

Vascular 2013, October 17-20, 2013, Montreal, QC. Combined conferences: Canadian Stroke Congress, Canadian Cardiovascular Congress, Canadian Diabetes Association Conference and Canadian Hypertension Congress. www.vascular2013.ca

CVHNS News

Joint Blood Pressure/ Hypertension Grants Awarded

Cardiovascular Health Nova Scotia, Diabetes Care Program of Nova Scotia and the Nova Scotia Renal Program are pleased to announce the successful applicants for our joint grants for Blood Pressure/ Hypertension projects. These projects started in November 2012 and will be completed before the end of 2013.

AVH

Project Title: Development of a Hypertension Quality Collaborative

CBDHA

Project Title: Building Community Capacity: Engaging Individuals in Knowledge Transfer on the Determinants of Hypertension

CEHHA

Project Title: Hypertension Class

GASHA

Project Title: Pilot Project—Consecutive Education Series throughout GASHA

SSH

Project Title: Primary Health Care Empowering the Hypertensive Patient

SWH

Project Title: South West Health Interprofessional Hypertension Clinic

Stroke Strategic Planning

In March of 2013, both the South West Health and Colchester East Hants/Cumberland stroke programs underwent strategic planning, in partnership with CVHNS. Previously Cape Breton and Annapolis Valley completed stroke strategic plans and based on their success, CVHNS decided to support this work in the remaining DHAs. All four programs are using their plans to guide their current work to improve stroke care in their district(s). The continuum of care is the framework being used to guide the setting of high level objectives in the following key areas: public awareness, primary and secondary prevention, hyperacute and acute care, rehabilitation, community reintegration, palliative care, monitoring and evaluation & partnerships. A small planning committee works with the consultant to draft objectives in each strategic priority area, as well as draft short and long term outcomes. During the planning day itself, participants work through the outcomes and

objectives and revise, add, or eliminate as needed. At the end of the day, the group prioritizes the objectives, recognizing that all of the objectives are considered important in the scope of a five-year plan. The district is provided with a planning document including strategic priorities, outcomes, and objectives. Districts that have gone through this process have found it very valuable to provide focus and clarity to their work, establishing a common understanding for program direction, and a framework to guide program activities in the upcoming five years. CVHNS will be supporting the remaining three stroke programs through strategic planning over the next year and will use DHA plans to inform provincial direction, as well as the framework for ongoing evaluation of stroke service enhancement.

24 Hour Transfer Cardiology Service

Capital Health Cardiology Nursing, with the support of CVHNS, offered one day education and shadowing experiences in the catheterization lab to enhance knowledge of the 24 hour transfer service and the necessary preparation of the patient. This session was offered three times this winter for clinical leaders, educators, and staff nurses caring for patients who are transferred for catheterization. Five of eight district health authorities were able to participate in the educational day. Those who attended were asked to share their learning and act as a resource to their coworkers. Evaluations of this experience have been favorable and this opportunity is being offered again in May and June. Capital Health also offered a one hour education session on preparation of patients for cardiac catheterization through the College of Registered Nurses of Nova Scotia (CRNNS) on March 1, 2013. This taped session is now available on the CRNNS website: <http://www.crnns.ca>.

Stroke Program Review

It has been five years since stroke care reorganization was supported across the whole province. In order to better understand and evaluate the activities over the last five years, CVHNS asked all seven stroke programs to reflect on service enhancements for their DHA(s). Each program was provided with a survey to be completed with input from key stakeholders and stroke champions within their district(s) - most often input was gathered through the stroke steering/advisory committee. The survey asked districts to reflect on progress on key milestones for stroke care reorganization. It was also an opportunity to review the original proposal submitted to CVHNS and to assess any changes they have made to their planning or implementation since that time. Districts were asked to identify key factors that have been instrumental in the success of their stroke programs, as well as identify any continued challenges. A summary of findings will be provided to districts in the near future.

conversation about the common problems they face when administering lytic therapy in the emergency room; to learn about innovative ways to handle organizational change; and develop quality improvement plans related to timely lytic administration. During the course of the day, the team of representatives from GASHA identified lack of education as playing a key role in situations where provincial benchmarks have not been met; the idea to host a day-long education event grew from there. Given the genesis of the event, there was a heavy focus on cardiovascular topics, but other interesting areas were also explored as well such as Cannabinoid Hyperemesis Syndrome. As is the case with all events, securing funding is often necessary to ensure that content experts can be recruited and compensated accordingly. The team from GASHA wishes to take this opportunity to give their utmost thanks to CVHNS for the financial support they have provided, especially the aid in recruiting content experts. For more information, contact Matthew Murphy, matthew.murphy@gasha.nshealth.ca.

DHA News

Emergency Room Education Day

On Saturday, March 23, over 60 physicians, nurses, paramedics, and other allied health professionals participated in the Guysborough Antigonish Strait Health Authority (GASHA) Emergency Medicine Education Day. The day included a variety of speakers and “break-out” sessions covering a wide array of topics including: the new generation of oral anticoagulants (Dr. Sudeep Shivakumar); and tricks and tips for reading 12 lead ECGs (Dr. Graham Miles) to name but a few. The idea for the education day came about at a provincial forum on thrombolytic administration hosted by CVHNS in Halifax in December 2012. The forum provided the opportunity for district teams to have open

Helpful Resources

CADTH Therapeutic Review

Canadian Agency for Drugs and Technologies in Health. Antithrombotic therapy for patients with atrial fibrillation. Available at : www.cadth.ca/en/products/therapeutic-reviews/antithrombotic-therapy/reports.

Canadian Diabetes Association 2013 Clinical Practice Guidelines

Relevant cardiovascular chapters include: Management of Acute Coronary Syndromes (chapter 26) and Management of Stroke in Diabetes (chapter 27). Visit <http://guidelines.diabetes.ca/browse>.

Canadian Stroke Best Practice Recommendations

The following sections of the recommendations have been updated in the last few months: Prevention, Hyperacute, Acute, and Mood & Cognition. Visit www.strokebestpractices.ca.

CCS Cardiac Resynchronization Therapy Guidelines

Exner DV, Birnie DH, Moe G, et al. Canadian Cardiovascular Society guidelines on the use of cardiac resynchronization therapy: Evidence and patient selection. *Canadian Journal of Cardiology*. 2013; 29: 182-195.

PCNA Heart Healthy Toolbox

This toolbox contains lifestyle change tools for health care professionals and patients. Visit <http://pcna.net/clinical-tools/tools-for-healthcare-providers/heart-healthy-toolbox>.

Preparation of Patients for Same Day /24 hour Cardiology Transfer Service (cardiac catheterization/ angioplasty)

This recorded session on the preparation of patients to the cath lab is available for viewing through the College of Registered Nurses of Nova Scotia website under continuing nursing education via the telehealth section of the website. Visit: <http://www.crnns.ca>.

Speak Up: Start the Conversation of End-of-Life Care

The Canadian Hospice Palliative Care Association website offers resources for providers and patients and encourages active discussion and documentation of end-of-life care wishes and advanced care planning. Visit www.advancecareplanning.ca.

Strategies to Increase Referral to Cardiac Rehab

Grace SL, Angevaere KL, Reids RD, et al. Effectiveness of inpatient and outpatient strategies

in increasing referral and utilization of cardiac rehabilitation: a prospective, multi-site study. *Implementation Science*. 2012; 7:120.

Innovative Ideas**Clinician Accessible TIA Appointment Calendar**

Patients referred to the Rapid Access TIA Clinic in South Shore Health are able to leave their primary care provider or the emergency department with an appointment. This is made possible through a TIA clinic appointment calendar accessible on the intranet. Pre-determined appointment times are applied to the calendar; clinicians simply indicate that the time slot has been filled and fax the referral to the clinic with the appointment time documented. It works very well to ensure that patients are not waiting unnecessarily for appointments due to delays in triage and appointment booking. For more information please contact Schelene Swinemar, sswinemar@ssdha.nshealth.ca.

Rescue PCI Checklist for Emergency Department

Communication is essential to an effective patient transfer of rescue PCI patients and there is an added challenge for ensuring the patient information is not only complete, but also obtained in a timely manner. To facilitate this process a Rescue PCI Checklist was created collaboratively by the AVH Cardiac Coordinator, frontline emergency department (ED) staff from Valley Regional Hospital, and the cardiology clinical resource nurse at the QEII. Existing transfer documents were reviewed and elements essential to an urgent referral were identified. Clarification was provided that information unavailable prior to patient departure could be faxed once available. Contacts for CCU, triage cardiologist, Emergency Health Services and Life Flight were incorporated.

The Rescue PCI Protocol and guidelines for employing Life Flight were placed on reverse of the checklist. The checklist is part of the ED TNK boxes and once complete is sent along with the patient to the QEII to further enhance the exchange of information. The AVH Cardiac Coordinator will be following up with health care teams at the QEII and the Valley Regional Hospital to ascertain the tool's usefulness. Feedback will be incorporated into the ongoing development of this tool. AVH will then look at utilizing the checklist in other sites through the Valley. For more information, please contact Andrea Cottrell, acottrell@avdha.nshealth.ca.

2013 CHEP Recommendations—Key Messages

- All Canadian adults should have their blood pressure assessed at all appropriate clinical visits.
- Home blood pressure monitoring is an important tool in self monitoring and self management.
- Treat to target.
- Lifestyle modifications are effective in preventing hypertension, treating hypertension and reducing cardiovascular risk.
- Combination of both lifestyle changes and drugs are generally necessary to achieve target blood pressures.
- Focus on adherence.

The Canadian Hypertension Education Program 2013 recommendations and resources are available at: www.hypertension.ca/chep-recommendations.

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