



IMPROVING CARDIOVASCULAR HEALTH OF NOVA SCOTIANS

Volume 9**Issue 1****Spring 2014**

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.

Integrated Palliative Care: Planning for Action in Nova Scotia

On May 6th, 2014, the Department of Health and Wellness (DHW) released a strategy that identifies the vision, guiding principles, framework and priorities of action to improve quality palliative care in Nova Scotia (NS). It is based on national and international best practices with input from a range of experts and health professionals from across the province.

The vision for palliative care is: *all Nova Scotians can access integrated, culturally competent, quality palliative care in the setting of their choice.*

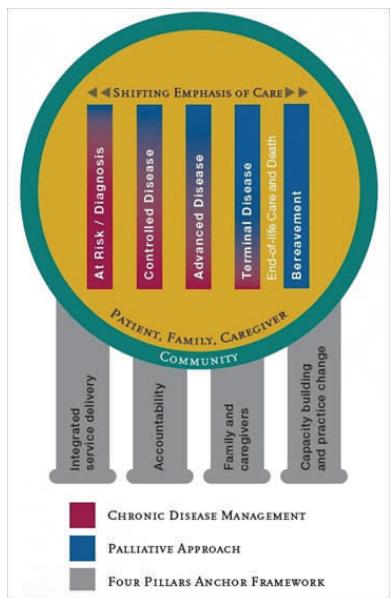
NS has embraced the World Health Organization definition which defines palliative care as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual.

The approach in NS embodies the philosophy that care is delivered seamlessly by various health providers and services that function in the community and is rooted in primary health care. It recognizes that a palliative care approach needs to start early in the disease trajectory with supports and services shifting over time as the persons and/or families needs change. The **Nova Scotia Integrated Palliative Care Framework (IPCF)** includes four foundational pillars.

- **Integrated Service Delivery:** the approach is rooted in primary health care, where the relationship between the patient and their provider is established. The health care providers, patients, families and the community share resources and supports seamlessly to optimize care.
- **Accountability:** a well-defined governance structure is in place with clearly articulated roles and responsibilities. Accountability is shared across the health care settings and key indicators are identified to monitor, manage and evaluate for system progress and effectiveness.

- **Family/Caregivers:** supports including physical, emotional and spiritual are sensitive to the patient and families needs, are available throughout the palliative care journey, and continue as needed after the patient dies.
- **Capacity Building and Practice Change:** Education and ongoing training to support health care providers, families and volunteers across health care settings to enhance and support best practice in palliative care.

Health Minister Leo Glavine has announced that the DHW is investing \$1 million for the first year to move the strategy forward. Initial first steps to action include establishing an advisory committee to guide implementation, hiring a provincial palliative care coordinator, adding some new palliative care team members and supporting advanced care planning education for the public and health care providers.



The Joint Advisory Group (JAG) has identified palliative care as an area of focus for common work across CVHNS, DCPNS and NSRP. The IPCF sets the stage for collaboration. Opportunities for JAG to engage, partner and support the implementation of the strategy will be explored. The strategy is available at <http://novascotia.ca/dhw/palliativecare>.

Learning Opportunities

Nursing Day in Cardiology, September 19, 2014, Sydney, NS. mcdonaldr@cbdha.nshealth.ca

New Brunswick Heart, September 18-20, 2014, Saint John, NB. <http://horizonnb.ca/home/facilities-and-services/provincial-programs/new-brunswick-heart-centre/health-care-professionals/symposiums.aspx>

Atlantic Canada Stroke Conference, September 12 -13, 2014, Moncton, NB. <http://cme.medicine.dal.ca>

Canadian Stroke Congress, October 4-7, 2014, Vancouver, BC. <http://www.strokecongress.ca/>

Canadian Cardiovascular Congress, October 25-28, 2014, Vancouver, BC. <http://www.cardiocongress.org>

New Hypertension Canada online course, A comprehensive approach to the diagnosis and management of hypertension. <https://www.hypertension.ca/en/professional/pep-online>

CVHNS News

Stroke Patient Follow Up Project

CVHNS is coordinating an initiative that is being led by DHAs to follow up with stroke patients three months after they were discharged to the community. The intent is to increase our understanding of factors that influence a patient's successful transition home. The interview will review community and outpatient services referred and received, as well as other challenges that patients face upon return to the community. The de-identified information will be analysed to look for themes that will inform ongoing planning relating to improving the rehabilitation and community reintegration components of the stroke care continuum.

Update of Nova Scotia Guidelines for Acute Coronary Syndromes (ACS)

Dr. Mike Love and Dr. Iqbal Bata worked with CVHNS to update the antiplatelet sections of the 2008 Nova Scotia ACS guidelines. The guidelines update has been written as a focused update (showing old recommendations and new recommendations in the same document). Physician champions from each district health authority were asked to review the document and provide feedback for consideration. The revised document is currently being reviewed for a second time by the physician champions. The document is anticipated to be complete by early summer and will be posted on our website.

The diabetes recommendations in our ACS guidelines are also being updated to reflect the 2013 Canadian Diabetes Association Clinical Practice Guidelines. CVHNS is working with the Diabetes Care Program of Nova Scotia and the Division of Endocrinology to update the guidelines. CVHNS is also planning on conducting an audit and survey this coming summer to learn more about current practices and approaches to care for ACS patients with diabetes.

New LMS Module: Cardiology Transfer

CVHNS and CDHA have worked with the RN Professional Development Centre to produce a LMS module on the 24 hour transfer process for cardiac catheterization. This module will assist new or existing staff in learning more about the cardiology referral process for patients requiring transfer to CDHA. The module outlines the pre-procedural preparation process for patients awaiting transfer; shares information regarding the same day/24 hour transfer process after the patient has arrived at CDHA and describes the post-procedural care considerations and repatriation back to the home hospital. The LMS module will

be available in June. Nurse educators in each DHA will be informed when the module is ready and the module will be listed in the LMS directory.

2014 Blood Pressure Challenge

The Come on Nova Scotia... Check It! Blood Pressure Challenge is spearheaded by the Diabetes Care Program of Nova Scotia, Cardiovascular Health Nova Scotia, and the Nova Scotia Renal Program each May. Businesses throughout Nova Scotia are encouraged to challenge their employees to have their blood pressures checked, learn more about blood pressure, and use provincial My Blood Pressure Tools (wallet card, pamphlet, and posters). Healthcare providers and organizations are also challenged to increase their BP screening. Challenge Kits contain instructions on how to implement a challenge in the workplace and also includes tools and educational materials required to support the Challenge. The very first Challenge was held in the province in 2012 and repeated again in 2013. The 3rd annual Challenge in the province is just finishing up.

DHA News

Building Provincial Inter-professional Dysphagia Capacity

In an effort to build capacity for interdisciplinary dysphagia assessment and management throughout Nova Scotia, CVHNS and NS Hearing and Speech Centres (NSHSC), offered three two-day workshops to interested Dietitians, Occupational Therapists, Physiotherapists, Nurses (RN and LPN) and various allied health students. Presentations were provided by NSHSC staff Speech Language Pathologists, Maureen Merchant, Susan Murphy, Katie Perkins and Lori Scott with contributions from Dietitians, Darlene Manning, Lisa Gaudet and Wilma Clancy. The first

workshop was held in New Glasgow in August 2013 with 14 delegates from GASHA and PCHA. Two workshops were held in March 2014; one in Yarmouth with 19 delegates from AVH, SWH, and SSH, and the other in Halifax with 24 delegates from CDHA, CEHHA, and CHA. A session is planned for CBDHA in early June 2014. The goal of these sessions is to provide participants with foundational information regarding dysphagia assessment and management in the healthcare setting, with a particular emphasis on stroke. Topics included:

- normal swallowing
- recognition of signs and symptoms of various oral and pharyngeal swallowing disorders
- review of informal, clinical and instrumental swallow assessments (MBS)
- review of nutritional considerations for patients with dysphagia
- an overview of general, compensatory and rehabilitative management strategies

Resources provided included relevant journal articles, sample assessment forms, patient education materials and sample MBS studies for later review and reference. For more information on ongoing work in this area, please contact Susan Wozniak, susan.wozniak@nshsc.nshealth.ca.

Helpful Resources

AHA/ASA Scientific Statement on Palliative and End-of-Life Care in Stroke

Holloway RG, Arnold RM, Creutzfeldt CJ, et al. [Palliative and end-of-life care in stroke: A statement for healthcare professionals from the american heart Association/American stroke association. Stroke.](#) 2014. doi: 10.1161/STR.0000000000000015.

American Heart Disease and Stroke Statistics – 2014 Update

Go AS, Mozaffarian D, Roger VL, et al. [Heart disease and stroke statistics--2014 update: A report from the american heart association.](#) *Circulation.* 2014;129(3):e28-e292. doi: 10.1161/01.cir.0000441139.02102.80; 10.1161/01.cir.0000441139.02102.80.

Clinical Decision Making Toolkit-Algorithms Booklet

Bueno H, Vranckx, P, eds . *The Acute Cardiovascular Care Association clinical decision-making toolkit.* France: Acute Cardiovascular Care Association; 2013. <http://www.escardio.org/communities/ACCA/education-research/awareness/Documents/ACCA-Toolkit-Abridged-version.pdf>. Published August 2013.

Cochrane Review on Statins for Primary Prevention
Taylor F, Huffman MD, Macedo AF, et al. [Statins for the primary prevention of cardiovascular disease. Cochrane Database Syst Rev](#) 2013; (1):CD004816. doi: 10.1002/14651858.CD004816.pub5.

Heart Health for Canadians

Abramson B. (2013). *Heart Health for Canadians: The Definitive Guide.* Toronto, ON: Collins; 2013. www.harpercollins.ca.

Management of Cerebral and Cerebellar Infarction with Swelling

Wijdicks EF, Sheth KN, Carter BS, et al. [Recommendations for the management of cerebral and cerebellar infarction with swelling: A statement for healthcare professionals from the american heart association/americana stroke association.](#) *Stroke.* 2014;45(4):1222-1238. doi: 10.1161/01.str.0000441965.15164.d6; 10.1161/01.str.0000441965.15164.d6.

New Valvular Heart Disease Guidelines

Nishimura RA, Otto CM, Bonow RO, et al. [2014 AHA/ACC guideline for the management of patients with valvular heart disease: Executive summary: A report of the american college of Cardiology/American heart association task force on practice guidelines](#). *J Am Coll Cardiol.* 2014. doi: 10.1016/j.jacc.2014.02.537; 10.1016/j.jacc.2014.02.537.

Stroke Thrombolysis - Save a Minute, Save a Day

Meretoja A, Keshtkaran M, Saver JL, et al. [Stroke thrombolysis: Save a minute, save a day](#). *Stroke.* 2014;45(4):1053-1058. doi: 10.1161/STROKEAHA.113.002910; 10.1161/STROKEAHA.113.002910.

Innovative Ideas

Knowledge Translation: "Deep Diving"

Pictou County Health Authority's (PCHA) strategic plan was created and updated through interprofessional collaboration resulting in a model referred to as "Focus & Finish Integrated Performance Accountability Framework." The framework lays out the work of the health authority with deliverables supporting four corporate goals. The colorful framework is displayed in posters throughout all PCHA facilities. Ensuring that all leaders and departments are fully invested in the Focus and Finish plan, a schedule of monthly Deep Dive presentations was developed to showcase the work being done across the health authority. A component of the health care team is featured for one month, and staff from the team present to multiple committees over that month.

Cardiovascular health and care was the featured topic in April; district stroke and cardiac coordinators, Michelle MacGrath and Kathy Saulnier were asked to share data and strategies around stroke and cardiac issues. The "Deep Dive"

was presented to the Senior Leadership Team, Medical Advisory Committee, Quality Council, Leadership Council and Board of Directors of PCHA. This method of knowledge translation was an efficient strategy to update various stakeholders, departments and disciplines over a short period of time and highlight progress made on key practice indicators, and ongoing challenges.

Reminder Memo

SSH identified, through data review, that patients with transient signs and symptoms of stroke were not routinely being loaded with antiplatelet medication in the emergency departments after their CT scan demonstrated no bleeding. In an effort to improve evidence based practice, a reminder memo was generated explaining the importance of this therapy prior to discharge from the emergency department.

The memo was sent to emergency room physicians, posted in the emergency departments, and placed on the bulletin board in the physicians lounge at the District Acute Stroke Hospital. The reminder has resulted in more patients having appropriate antiplatelet medication initiated and administered before leaving the emergency departments. In SSH, reminder memos are an effective means to generate adherence to best practice recommendations in stroke care and are used to highlight various gaps in care, including the one mentioned above. For more information please contact Schelene Swinemar, sswinemar@ssdha.nshealth.ca or 543-5604 x2210.

June is Stroke Month

The theme of the **2014 Stroke Month Campaign** is “stroke can happen at any age.” As part of the campaign, the **2014 Stroke Report** will focus on stroke systems, highlighting challenges, opportunities, gaps and success stories drawing on new data from CIHI as well as a Stroke Services Inventory (SSI) carried out by the Heart and Stroke Foundation. Visit www.heartandstroke.com for more details.

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