NOVA SCOTIA

Cardiovascular HEALTH NOVA SCOTIA

The Bulletin

IMPROVING CARDIOVASCULAR HEALTH OF NOVA SCOTIANS

Volume 8 **Issue 3** **Winter 2013**

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.

ALCOHOL AND HEART DISEASE: CANADA'S NEW LOW RISK ALCOHOL DRINKING GUIDELINES

For the first time, Canada has a single set of low risk drinking guidelines. Developed by a team of independent Canadian and international experts, the guidelines can help Canadians make informed choices about alcohol consumption and encourage a culture of moderation. Health professionals across the country can also provide consistent, evidence-based advice to their patients.

The five guidelines include one to reduce risk for chronic diseases. The low risk alcohol drinking guidelines review "The Limits", advising 0-2 drinks a day and up to 10 drinks a week for females, and 0-3 drinks a day and up to 15 drinks a week for males. These upper limits of 10 and 15 are tempered by a second guideline on reducing acute risks. The "Once in a While" guideline states that to reduce risk of acute injury or death, women should have no more than 3 drinks on any one occasion and males should have no more than 4.

The low risk alcohol drinking for chronic disease guideline is consistent with the alcohol consumption guideline presented in the C-CHANGE study (Canadian Cardiovascular Harmonization of National Guidelines Endeavour). This guideline states that both males and females should have 2 or fewer drinks a day, and fewer than 14 per week for males and 9 per week for females.

The national guidelines represent a balance between competing risks and some benefits. Health benefits were found to be maximized at one half to one drink a day and they are gained primarily by males from middle-age onwards. The primary benefits are related to a reduced risk of ischemic heart diseases and, to a much lesser extent, diabetes mellitus. However, there is, for example, an increased cancer risk starting at about one drink per day.

These population-level guidelines are not disease specific and as such they are low risk, not **no** risk. Health care providers are encouraged to use them as a starting point for having a conversation with their patients

about their family medical history and any health risks they may have.

The Canadian College of Family Physicians recently released a new alcohol Screening, Brief Intervention & Referral tool based on the guidelines. This tool can help health care providers screen patients for any alcohol problems and help them get appropriate services. The tool can be found at www.sbir-diba.ca/.

The national alcohol guidelines also include ones for pregnancy, breastfeeding, situations where drinking should not occur and drinking among children and youth. Many respected national and regional organizations have publicly indicated their support for the guidelines, including: Canadian Medical Association, Canadian Paediatric Society, College of Family Physicians of Canada, Society of Obstetricians and Gynaecologists of Canada and the Canadian Public Health Association.

Nova Scotians are ripe for receiving information on what constitutes low-risk drinking: 14% of Nova Scotians between the ages of 19 and 29 years drink heavily (5 or more drinks on one occasion) at least once a week—well above what the guidelines recommend. Almost 43% do so on at least a monthly basis (CCHS 2010). The costs of responding to the harms through the health care system alone are high.

Prevention staff at the DHA and provincial level will continue to disseminate the guidelines. Further resources can be found at www.gov.ns.ca/hpp/addictions/alcohol/.

Dr. Robert Strang, Chief Medical Officer of Health, Nova Scotia Department of Health and Wellness

Learning Opportunities

Neuroscience Conference Brain Plasticity and Neurorehabilitation
March 4-6, 2013, Toronto, ON.
http://events.baycrest.org

GASHA Emergency Education Day
March 23, 2013, Antigonish, NS.
Matthew.murphy@gasha.nshealth.ca

CCCN Annual Spring Conference
May 25, 2013, St. John's, NL.
www.cccn.ca

European Stroke Conference
May 28-31, 2013, London, UK.
www.eurostroke.eu

Vascular 2013
October 17-20, 2013, Montreal, QC.
www.vascular2013.ca

CVHNS News

Provincial Program Hypertension Initiatives
Additional *My Blood Pressure* materials have been developed to better meet the needs of specific Nova Scotia populations.

French: Wallet cards and brochures have been translated into French.
African Nova Scotian: A poster, for display/ promotional purposes, profiles Honorable Percy Paris (Minister of Economic and Rural Development and Tourism) having his blood pressure measured.

New Immigrant: A poster, for display/ promotional purposes, is the same as that developed for the African Nova Scotia community with the inclusion of the key message (Check your blood pressure) in six different languages—Russian, Spanish, Simplified Chinese, Arabic, Tagalog, and Farsi (Persian).
Mi'Kmaq: The brochure and poster have been re-designed to reflect the culture of the First Nation population. The language used is English, with the addition of a few specific websites of interest.

The *My Blood Pressure* website: www.gov.ns.ca/ bloodpressure now hosts copies of all materials and the order form, as well as information on the annual My Blood Pressure Challenge. We have recently added a slide deck that you can use to explain the *My Blood Pressure* Card Initiative and promote implementation at your local level. This includes some of the innovative ways this initiative is being implemented across Nova Scotia.

As we continue to promote blood pressure awareness, we look forward to your feedback/ comments on approaches that have worked particularly well in your areas of practice. Please consider sharing your stories with us so that we can share with others.

CVHNS Lytic Forum
On December 6th, 2012, 63 participants from across the province came together to follow up on quality improvement initiatives since late 2011 to improve timely administration of lytics in ST-elevation myocardial infarction (STEMI) and ischemic stroke. This meeting provided an opportunity to re-energize and share quality improvement initiatives that could have significant impact on patient outcomes in terms of heart and brain tissue saved.

Dr. Mark Flemming, an applied psychologist from St. Mary's University provided the keynote presentation, discussing the impact of organizational culture on change and suggestions for how to work within the culture of an organization to maximize chances of success. District staff had plenty of opportunity to discuss some of the challenges they had encountered in their quality improvement journey to date, and brainstorm some potential solutions. This included identifying organizational and provincial supports that were required to move forward.

Data shared by CVHNS at the forum shows, since the original lytic forums in the fall of 2011, an improvement for both STEMI and stroke; a 10% increase in the proportion of patients who are receiving their lytic for STEMI within the target of 30 minutes, and a decrease in door to needle time of 18 minutes for ischemic stroke patients receiving lytic. At the end of the day, district staff left energized, re-committed to improving the timely administration of lytics, and with new ideas on how to maximize success. As requested at the meeting, CVHNS will hold another forum this year on this topic to maintain momentum across Nova Scotia.

CVHNS Re-Engineering Project Update
A developer started work on the CVHNS reengineering project in April 2012. The requirements completed by Price Waterhouse Cooper in December, 2010 are being used to guide the design activities.

The new CVHNS system is being built on the CAISIS platform. CAISIS is an open source system with a global community of users and was developed at the Memorial Sloan Kettering Cancer Center. Three other provincial programs are also

using the CAISIS platform for developing/re-engineering their systems. Having a common platform will provide the programs with possible synergies including the potential for shared resources and the capability to meet data requirements for provincial program joint initiatives by ensuring common data definitions. The current plans are to implement the new CVHNS system in the Fall of 2013.

Design workshops are being held to determine the functionality and data collection processes for the new system and, to date, two design workshops have been held. The first workshop focused on the initial functionality and processes around abstract creation and management. The second workshop focused on defining the data that will be collected in the new system. This has provided CVHNS with an opportunity to ensure the rules and processes are current in terms of cardiac provincial and national standards. The next design workshop is being planned for March 2013.

We have been able to test part of the system developed as a result of the first design workshop. This is allowing us to fine tune the process for the future system and, at the same time, streamline current logbook preparation activities. There is still a lot of work ahead and a number of process decisions that still need to be finalized before we can complete the preliminary design phase of the project.

Helpful Resources

2012 Guideline for the Diagnosis and Management of Stable Ischemic Heart Disease
Fihn SD, Gardin JM, Abrams J, et al. 2012 ACCF/AHA/ACP/AATS/PCNA/SCAI/STS guideline for the diagnosis and management of patients with stable ischemic heart disease: executive summary report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and the American College of Physicians, American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. *JACC*. 2012; 60(24):2564-2603.

2013 ACCF/AHA Guidelines for the Management of STEMI
Gara PT, Kushner FG, Ascheim DD, et al. 2013 ACCF/AHA guidelines for the management of ST-elevation myocardial infarction. *JAAC*. 2013; 61(4): e78-e140.

Antihypertensive Medication Use in Canada
Gee ME**,** Campbell NR**,** Gwadry-Sridhar F, et al. Outcomes Research Task Force of the Canadian Hypertension Education Program. Antihypertensive medication use, adherence, stops, and starts in Canadians with hypertension. *Can J Cardiol.* May-June 2012; 28(3): 383-389.

Bleeding in ACS and PCI
Steg PG, Huber K, Andreotti F, et al. Bleeding in acute coronary syndromes and percutaneous coronary interventions: position paper by the Working Group on Thrombosis of the European Society of Cardiology. *Eur Heart J.* 2011; 32:1854-64.

CCS Position Statement on TAVI
Transcatheter aortic valve implantation: a Canadian Cardiovascular Society position statement. *Canadian Cardiovascular Society,* 2012. Available at: www.ccs.ca.

CDHA Cardiac Catheterization Video Now on CDHA Public Website
Visit: www.cdha.nshealth.ca/patients-clients-visitors/patient-education-videos.

CT Reading Modules
Alberta Stroke Program Early CT Score (ASPECTS) Training Modules. Available at: www.aspectsinstroke.com.

Dietary Sodium Intake in Heart Failure
Gupta D, Georgiopoulou V, Kalogeropoulos A. et al. Dietary sodium intake in heart failure. *Circulation.* 2012;126(4):479-485.

ECG Interpretation
Zimetbaum PJ, Josephson ME**.** Use of electrocardiogram in acute myocardial infarction. *N Engl J Med.* 2003; 348:933-40.

Hypertriglyceridemia Guidelines
Berglund L, Brunzell JD, Goldberg AC, et al. Evaluation and treatment of hypertriglyceridemia: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2012; 97(9):2969-2989.

Report on Reducing the Sodium Intake of Canadians
Conference of Provincial-Territorial Ministers of Health. Reducing the sodium intake of Canadians: A provincial and territorial report on progress and recommendations for future action: June 2012. Available at: www.gov.ns.ca/hpp/publications/SodiumReport_EN.pdf.

Stroke and Atrial Fibrillation
Furie KL, Goldstein LB, Albers GW et al. Oral antithrombotic agents for the prevention of stroke in non-valvular atrial fibrillation: A science advisory for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke.* Published online August 2, 2012.

Stroke Scales and Measures
Freely available scales and measures for a variety of aspects of stroke care. Available at www.rehabmeasures.org.

Innovative Ideas

Stroke Team Family Meetings
Since July of 2012, the SSH stroke team has set aside dedicated time every week (two 30-minute slots) to meet with families of stroke patients currently under their care. This brief meeting is an opportunity for family to meet all members of the team, understand each team member's role, provide information about stroke and expected next steps for their family member, and to develop a strategy for ongoing communication between the team and family. Both the stroke physician and/or hospitalist attend the meeting, and an invitation is sent to the family physician to participate. Early feedback on these meetings has been positive from both families and staff. For more information, please contact Schelene Swinemar, sswinemar@ssdha.nshealth.ca.

Improving Access to the Interprofessional Team
Cardiac patients have complex educational needs that need to be met in a relatively short period of time. To improve our efficiency at meeting these needs, AVH collaborated with HITS NS to create an Acute Coronary Syndrome (ACS) team consult that could be accessed via meditech. The team consists of the dietitian, pharmacist, social worker, spiritual care leader and the cardiovascular health coordinator. The nurse or ward clerk on the inpatient unit can enter this consult with one order entry and send consults to these five professionals. The professionals will then see the patient and provide education or support, dependent on their area of discipline. The consult has been built into the ACS care map currently in use to act as a trigger for nurses to consult these professionals. The goal is to help ensure that the teaching provided to the patient is done by the best professional for the job. For more information, please contact Tina Vardy, tvardy@avdha.nshealth.ca.

Using Technology to Enhance Stroke Care

Truro recently opened their new health care facility—now called the Colchester East Hants Health Center. This new facility houses the stroke unit, with seven private rooms with bathrooms and shower facilities for stroke patients from both Colchester East Hants and Cumberland Health Authorities. Technology is integrated at the bedside of this new facility, with touch screen devices located in each patient room. These devices—called Integrated Bedside Terminals—allow physicians and staff to access patient information at the bedside, and improve communication. CT scans can be pulled up on these terminals; this allows physicians to use visual aids when discussing the patient's stroke, where it is located in the brain and potential impact on the patient's function. Other highlights of the new facility, related to the stroke program, are more space for patient and family education—both inpatient and outpatient, and a beautiful palliative care unit for patients who suffer a catastrophic stroke. For more information, please contact Meaghan O'Handley, Meaghan.o'handley@cehha.nshealth.ca.

SWH Cardiovascular Quality Improvement Team

A recent CVHNS forum brought together key stakeholders from districts with a focus of "improving timely access to thrombolytics for stroke and STEMI". The South West Health team had the opportunity to discuss successes and challenges and develop a plan to work together as a committed group to improve access and care for patients. Moving forward as a new multi-disciplinary "Cardiovascular Quality Improvement Team" our purpose and goal is to optimize the timely administration of thrombolytics for stroke and STEMI patients. This team will examine current processes and practices to help identify areas of inconsistency and possible delays in the acute care setting. Chart auditing will provide more timely data on door-to ECG/CT and door-to-lytic times with an opportunity to review and discuss as a team. Involvement of front-line Emergency Department staff will be of great benefit as we identify learning needs and work together to improve the access to thrombolytic therapy in SWH. For more information, contact Kelly Goudey, kgoudey@swndha.nshealth.ca.

CONTACT US

Room 539, Bethune Building
1276 South Park Street
Halifax, NS B3H 2Y9
Tel: 902.473.7834
Fax: 902.425.1752
cvhns@cdha.nshealth.ca
www.gov.ns.ca/health/cvhns