

Cardiac Care Network of Ontario NewsLHINS

Cardiac News for Local Health Integration Networks • December 2007 • ccn.on.ca

FEATURE

Where do cardiac patients live—and who goes where for treatment?

→ *CCN tracking informs LHIN planning*

UNDERSTANDING THE CARDIAC SERVICES market share of each LHIN is a key component of understanding service utilization and program planning. CCN tracks patient residence information to assess the market share for each LHIN. This is useful for the LHINS that have one or more full service cardiac centres and also for the LHINS that have only selected advanced cardiac services in their area.

Patients undergoing advanced cardiac procedures are most frequently treated in their nearest cardiac centre. In urban areas, there may be several options for a patient. Consequently, a patient who has a postal code corresponding to the geographic area of one LHIN may receive treatment in an adjacent LHIN. In the more widespread geograph-

ic areas, the tendency is for patients to access a single centre in their area.

Cardiac patients may cross LHIN “boundaries” for other reasons, such as patient choice or referral patterns by physicians or specialists. The patient may have previously received care at a cardiac centre located in another LHIN outside of their residence, or their case complexity may require specialized services that only be performed by a specific Cardiologist or Cardiovascular Surgeon with unique skills and training.

Each one of the CCN’s member hospitals (18) performs cardiac cath procedures. Twelve of these hospitals also provide percutaneous coronary intervention (PCI); and 11 hospitals perform cardiac

surgery (coronary artery bypass graft and/or valve surgery). The data shared on the following pages is for Jan–Dec 2006. CCN will continue to track market share and report this information back to the LHINS. Approximately 7% of the cases are marked as “Postal Code Unknown”—these cases had incomplete postal code information. As we “go live” with the new Wait Time Information System in spring 2008, we anticipate this issue of incomplete data will be resolved.

Information on market share provides another level of detail in understanding referral patterns and planning future cardiac services delivery to optimize patient care and to meet the needs of each LHIN.

CCN and LHINS

CCN is committed to sharing information with LHINS to help the planning and delivery of advanced cardiac services with equitable access and measurable quality. This quarterly electronic newsletter is a tool to share news and invite feedback.

CCN is made up of 18 member hospitals and advises the Ministry of Health and Long-Term Care on volume targets, and the need for new services, while monitoring wait times and access. Additional advice is generated from expert panels and continuous quality reviews.

Also In This Issue:

FEATURE: ACS or "Acute Coronary Syndrome": How a University of Ottawa Heart Institute program helps Champlain LHIN patients

PLUS CARDIAC NEWS FROM LHINS & CCN →

FEATURE

ACS—or “Acute Coronary Syndrome”:

the second in a series of articles from a guest medical writer

How a University of Ottawa Heart Institute program helps Champlain LHIN patients

CARDIOVASCULAR DISEASE REMAINS THE number one killer of men and women in Canada. Acute coronary syndrome (ACS) is a relatively new term describing a group of cardiac conditions which includes everything from cardiac chest pain to heart attack. There have been a number of large clinical research trials that have clearly established the best treatment for ACS patients. This treatment includes some specific drugs as well as ensuring the patients are counseled on smoking, diet, exercise and attended rehabilitation services. These best treatments have been reviewed and endorsed by a number of organizations such as the Canadian Cardiovascular Society and the American Heart Association. Despite these guidelines, which are based on research, there are many situations in which patients are not on the best practice guidelines.

The difference between the optimal treatment supported by the evidence and the actual treatment patients receive has been called a “treatment gap”. These gaps can be a reflection of both physician practice patterns and patient adherence to therapy and recommendations. In some occasions it may be related to knowledge of patients and providers, in others it may be system-

ic factors such as available time during discharge given the short length of stay of patients.

One attempt to overcome some of the issues has been the introduction of tools which assist providers in ensuring that all patients are reviewed prior to discharge for compliance with guidelines. An example of this type of tool is the “Get with the Guidelines” program of the American Heart Association. This program provides a patient centered discharge tool that is used to review the patient’s status at discharge and to provide them with information post discharge in terms of their follow up care. This program has been modified slightly to fit within the context of the Canadian health care system and to allow for data capture through the Canadian Institute of Health Information. It is currently being implemented by the University of Ottawa Heart Institute for hospitals throughout the Champlain LHIN.

The MOHLTC has provided funding to CCN to assist other LHINs and facilities in rolling this program out throughout the province. More information will be available in the new year.

Heather Sherrard is Vice President Clinical Services, UOHI

LHINs News

Central East LHIN holds Clinical Services Day –November 9, 2007

→ Jim Pagiamtzis, CCN Director of Planning and Liaison, participated in the discussion groups which focused on Clinical Service Plan Vision and Principles as well as Success Factors and steps to Move Forward.

Mississauga Halton LHIN holds Cardiovascular Health Network Meeting –November 15, 2007

→ Caroline Rafferty, CCN Director of Clinical Practice presented recent cardiac data on area wait times, volumes and outcomes.

During the next quarter, CCN is working with additional LHINs to plan meetings of cardiac stakeholders and assist with data and advice.

CCN News

Kori Kingsbury appointed CEO –November 2007

→ Kori has more than 20 years experience in leadership and clinical roles in healthcare, with an extensive background in cardiovascular care, ranging from acute care services to cardiac prevention and rehabilitation. She has made several contributions to education and research in cardiovascular care and most recently was in the role of Provincial Executive Director for Cardiac Services in BC. Welcome to Ontario and CCN.



Contact CCN Contact Jim Pagiamtzis at 416-512-7472 x 228 to share information on cardiac planning activities in your LHIN.

Market Share January-December 2006

		Cardiac Hospital treating patient																	
		Hamilton	Kingston	London	Ottawa	Peterborough	Rouge Valley	Sault Area	Southlake	St. Mary's	St. Michael's	Sudbury	Sunnybrook	Toronto East General	Thunder Bay	Trillium	University Health Network	Windsor	TOTAL
Residence of Patient	Catheterization																		
	Unknown*	643	313	120	500	157	261	18	731	120	150	53	295	69	40	227	363	25	4085
	Central	13	3	3	7	4	265		2061	1	489	4	1109	212		74	1518		5763
	Central East	6	107	2	19	1510	2527	1	285	2	504		534	436		38	689	1	6661
	Central West	7	1	2	1	2	11		200	1	257	1	387	27		1037	740		2674
	Champlain	2	39	6	4614	1	3		5	4	1	3	3	2		5	11		4699
	Erie St. Clair	5	1	1077	5			1	4	10	12	1	19	5		6	29	1646	2821
	HNHB†	5033	3	101	4	1	7		14	463	82	5	34	103		340	206	1	6397
	Mississauga Halton	34	2	3		1	10		25	19	162	3	73	38		2670	709	2	3751
	North East	14	22	19	51	3	3	773	69	3	20	2668	7	10	3	7	117		3789
	North Simcoe Muskoka	13	1	7		22	35	1	1531	7	39	19	141	9		22	144	1	1992
	North West	58	2	5	93			1	2			34	2	2	1413	5	37		1654
	South East	3	2525	1	354	66	12		7		9		5	5		2	30	1	3020
	South West	22		2164	5			1	19	712	16		12	2	1	8	74	3	3039
	Toronto Central	7	3	1		4	73		31	3	794	1	576	1251		150	1450		4344
	Waterloo Wellington	75	2	43	2	2	3	1	32	1767	21		10	1		48	111		2118
	TOTAL	5935	3024	3554	5655	1773	3210	797	5016	3112	2556	2792	3207	2172	1457	4639	6228	1680	56807

NOTES

* Postal code of patient not available

† Hamilton Niagara Haldimand Brant

Electrophysiology diagnostic and ablation procedures and implantation of defibrillator devices are not included in this analysis.

Market Share January-December 2006

Cardiac Hospital treating patient

PCI	Hamilton	Kingston	London	Ottawa	Rouge Valley	Southlake	St. Mary's	St. Michael's	Sudbury	Sunnybrook	Trillium	University Health Network	TOTAL
Unknown*	261	137	46	219	48	246	43	59	30	158	74	127	1448
Central	7	3	1	2	52	730	1	230	3	458	30	425	1942
Central East	2	94	4	24	645	112	1	364	1	311	22	542	2122
Central West	4	2	1		1	71		111	1	139	371	188	889
Champlain		17	2	2136		1	2	1	2	3	3	3	2170
Erie St. Clair	5	1	616	1		2	7	23		58	11	2	726
HNHB†	1743		28	4	1	5	163	46	3	15	122	41	2171
Mississauga Halton	21	3				9	6	70	4	35	1021	143	1312
North East	7	8	5	19		26	1	16	1356	5	7	24	1474
North Simcoe Muskoka	2	1	2		4	547	3	16	7	52	8	35	677
North West	161		9	133		2		2	25	12	2	15	361
South East		1044		147	4	3		3		2	1	15	1219
South West	10		699	1	1	6	249	7		3	2	6	984
Toronto Central	3	1			19	19	1	434	1	385	60	530	1453
Waterloo Wellington	23	2	4			12	626	10	1	6	22	8	714
TOTAL	2249	1313	1417	2686	775	1791	1103	1392	1434	1642	1756	2104	19662

Residence of Patient

PROCEDURE DEFINITIONS

PCI Percutaneous Coronary Intervention

Market Share January–December 2006

Cardiac Hospital treating patient

Residence of Patient	Hamilton	Kingston	London	Ottawa	Southlake	St. Mary's	St. Michael's	Sudbury	Sunnybrook	Trillium	University Health Network	TOTAL
	SURGERY											
Unknown*	130	57	51	89	115	33	71	4	45	46	98	739
Central	3			1	288		147		233	23	326	1021
Central East	3	31	1	4	56		430	1	194	12	430	1163
Central West	1			1	25	1	38		62	221	159	508
Champlain	1	4	1	777	1		1				3	788
Erie St. Clair	2		561	1	1	5	15		16	22	7	630
HNHB†	1071	1	25	2	3	99	13	1	16	77	69	1377
Mississauga Halton	4				4	2	51		17	565	107	750
North East	4	4	2	11	21	3	5	447	2	5	29	533
North Simcoe Muskoka	1		2		280	2	23	2	31	8	43	392
North West	168	1	4	61				4	12	1	11	262
South East	1	404	1	70			5		4		18	503
South West	10		646	2	6	147	5		4	3	15	838
Toronto Central	2	1			5	1	143		166	45	368	731
Waterloo Wellington	18		9	3	5	479	7		1	12	15	549
TOTAL	1419	503	1303	1022	810	772	953	460	803	1040	1698	10783

* Postal code of patient not available