

# Cardiac Care Network of Ontario NEWSLHINS

CARDIAC CARE FOR LOCAL HEALTH INTEGRATION NETWORKS • SUMMER 2008 •

FEATURE

## Ready For “Prime Time”



### Arrhythmia Services in Ontario

The third in a series of articles from a guest author, Dr. Chris Simpson

**A**rrhythmia Services (also known as “Electrophysiology Services”) in Ontario consist of a broad slate of diagnostic and therapeutic services for patients who suffer from disorders of the heart’s rhythm. These disorders include one of Canada’s leading causes of death (cardiac arrest), as well as a chronic disorder that affects 2% of the population – atrial fibrillation – a major cause of stroke.

While many physicians and other health care providers diagnose and treat many arrhythmia patients, advanced care that is provided under the “Arrhythmia” umbrella in Ontario is provided primarily by electrophysiologists – cardiologists with additional training and expertise in heart rhythm disorders. Specific services include pacemaker and implantable cardioverter defibrillator (ICD) implantation and follow-up, cardiac resynchronization therapy (CRT) device implantation for advanced heart failure, electrophysiology studies and catheter ablation, and specialized clinics and consultation services. Some pacemakers and ICDs are also implanted by surgeons in some centres.

**Pacemakers:** Single and dual chamber pacemakers devices are primarily used to

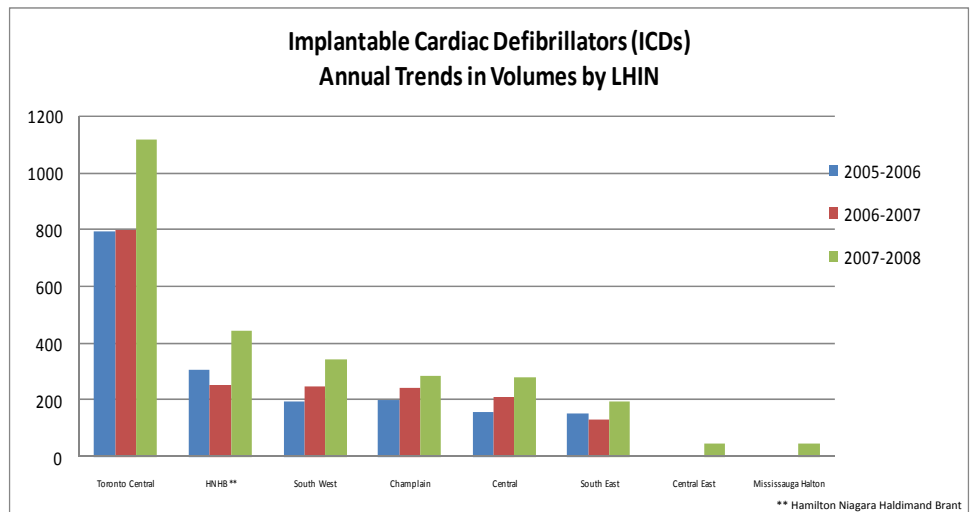
treat patients with symptomatic bradycardia – hearts that beat too slowly.

**Implantable Cardioverter Defibrillators (ICDs):** Single and dual chamber ICDs are implanted in ten centres in Ontario. These devices are capable of instantly detecting dangerously rapid heart rhythms that cause cardiac arrest – and treating patients quickly with either specialized “antitachycardia pacing therapy” or a shock with astounding efficacy. Only 5% of the 10,000 Ontarians who suffer an out-of-hospital cardiac arrest annually survive

– for them, the ICD offers protection in case it happens again and they aren’t so lucky the second time around. Increasingly, though, ICDs are being implanted in patients who are at *high risk* for sudden death – before their event happens – as a primary prophylaxis measure. 1253 devices were implanted in Ontario in F2007-2008.

**Cardiac resynchronization therapy (CRT):** These devices are pacemakers or ICDs

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#### CCN AND LHINS

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

##### ONTARIO PROCEDURE VOLUMES:

- Electrophysiology Bar Graph
- Ablations
- Implantable Cardiac Defibrillators

##### NEWS:

- ACS Update & Canadian Cardiovascular Congress

##### CCN NEWS:

**...READY FOR "PRIME TIME"**

with an additional wire or lead. In addition to all the benefits of the devices as described above, the device also "resynchronizes" the two lower chambers – the ventricles – in patients with heart failure. This therapy has the distinct advantage of improving both quantity *and* quality of life. Patients typically feel less breathless and are hospitalized less frequently after a CRT implant.

## Electrophysiology Studies (EPS) Annual Trends in Volumes by LHIN



*Electrophysiology Studies and Catheter Ablation:* These procedures are best thought of as a pair; much in the same way as coronary angiography and PCI are thought of in tandem. One is a diagnostic study; the other a therapeutic procedure.

Catheter ablation offers a true cure for the vast majority of patients with supraventricular tachycardia (SVT) and atrial flutter; two common arrhythmias that send patients of all ages to the emergency room frequently. These arrhythmias can be cured about 98% of the time with ablation – meaning no need for ongoing medication and no further trips to the ER. These procedures have been shown not only to be cost effective, but actually *cost saving*, and have become the procedure of choice for most patients with recurrent symptoms. Other arrhythmias, like ventricular tachycardia, can also be treated by catheter ablation in many circumstances.

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### CCN ANNUAL REPORT 2007-2008

The CCN 2007-2008 Annual Report will be available shortly.

To receive your copy, and be added to our annual mailing list contact

[Charles Senior](#) at 416.512.7472 ext. 239. Or look for the annual report on-line at [ccn.on.ca](http://ccn.on.ca)



## NEWS

### ACS Project Update Delivers Information Sharing Sessions

→ CCN and University of Ottawa Heart Institute co-hosted 2 information sessions in London and Toronto in April presenting the provincial project overview, including best practice guidelines and implementation strategy for ACS care

CCN ACS Best Practice Leader will meet with member hospitals over the summer to conduct an environmental scan of current practices and identify opportunities for support

### Canadian Cardiovascular Congress October 2008

→ CCN will participate and deliver a seminar presentation at the upcoming national convention in Toronto October 25–29, 2008

## CCN News

### Lisa Burlacoff, RN

→ Moving into her new role as Clinical Practice Consultant Lisa has been an active member of CCN as an RCCC with Trillium Health Centre

### Susanne Hinds adds Administrative expertise

→ Susanne joins CCN in the role of Administrative Assistant bringing with her many years of experience and professionalism

### Charles Senior joins CCN as Communications Specialist

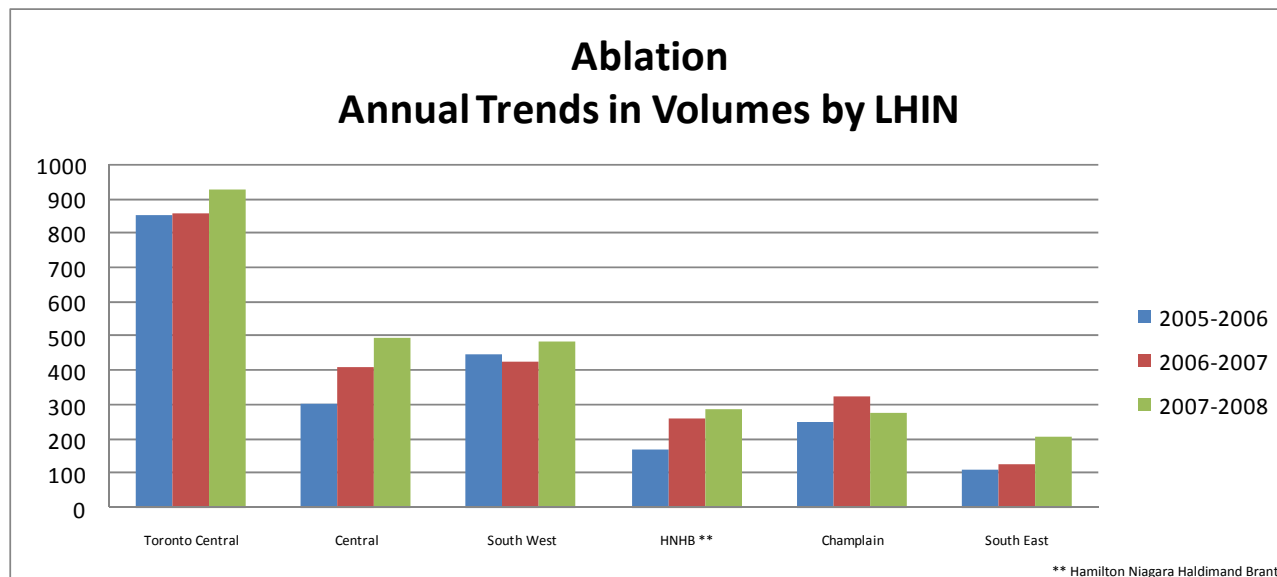
→ Charles' background in communications, public affairs and marketing in healthcare will lead CCN in future marketing and communication initiatives

### Alexander Yoshiki enhances IT Team

→ AI adds experience in the role of Report Developer. He will aid the IT team with report development and maintenance of Business Intelligence environment

 **Contact CCN – Charles Senior at 416.512.7472 ext. 239 to share information on cardiac planning activities in your LHIN**

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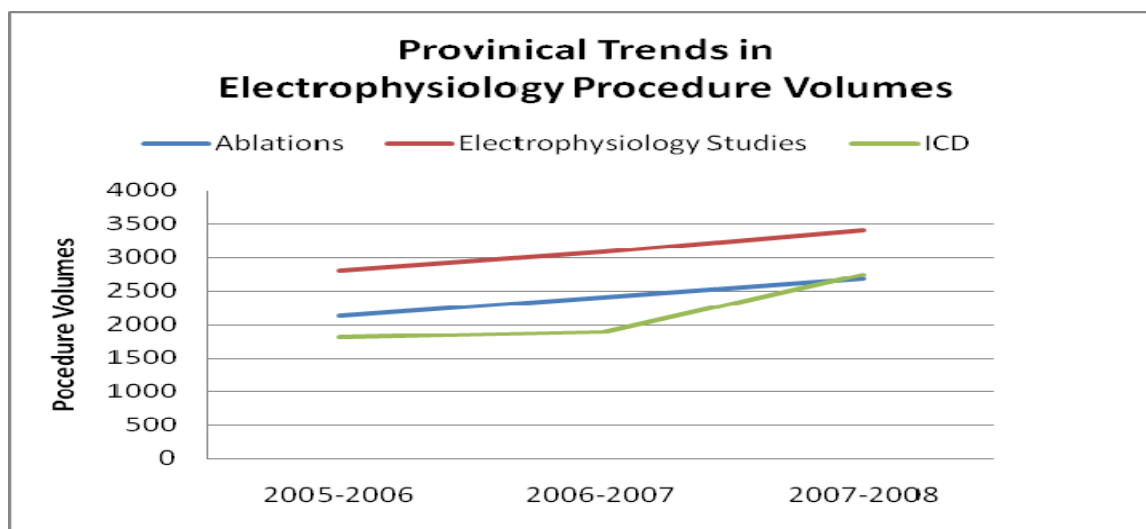


The most exciting new application for catheter ablation is in the treatment of atrial fibrillation (AF) – the most common sustained arrhythmia seen in clinical practice. Since AF affects about 2% of the population, the advent of a potential cure has tremendous implications for a very large number of Ontarians. Using advanced “3D” mapping technologies, 8 centres in Ontario now perform 911 procedures annually, with ambitious plans to ramp up activity to deal with rapidly growing waiting lists.

The importance of Arrhythmia management procedures is now widely acknowledged and supported by the MOHLTC. The Arrhythmia Management Working Group of CCN continues to work very hard to assist in the management of the rapid growth in this area for the benefit of all Ontarians.

For more information on heart rhythm disorders and their treatment, visit the Canadian Heart Rhythm Society at [www.chrsonline.ca](http://www.chrsonline.ca).

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**If you have questions about interpreting this data, please  
contact Charles Senior at 416.512.7472 ext. 239**