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&  
CONCERN

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ANNUAL REPORT 2004

## CCN MEMBERS

ADULT CARDIAC CENTRES IN ONTARIO  
 Hamilton Health Sciences Centre  
 Hôpital Régional de Sudbury Regional Hospital  
 Hôtel-Dieu Grace Hospital, Windsor  
 Kingston General Hospital  
 London Health Sciences Centre

Peterborough Regional Health Centre  
 Rouge Valley Health System, Scarborough  
 St. Mary's General Hospital, Kitchener  
 St. Michael's Hospital, Toronto  
 Sault Area Hospital, Sault St. Marie  
 Southlake Regional Health Centre, Newmarket

Sunnybrook & Women's Health Sciences Centre  
 Thunder Bay Regional HSC  
 Toronto East General Hospital  
 Trillium Health Centre, Mississauga  
 University Health Network, Toronto  
 University of Ottawa Heart Institute

## WHO WE ARE

The Cardiac Care Network of Ontario (CCN) was founded in 1990 and in July 2003 CCN became a non-share capital corporation with a Board of Directors.

CCN is an advisory body to the Ontario Ministry of Health and Long-Term Care (MOHLTC). We are dedicated to improving quality, efficiency, access and equity in the delivery of cardiac services in Ontario. CCN is funded by the MOHLTC.

17 member hospitals make up the Network and are listed above. These institutions, their physicians and staff work with the Ministry and CCN to deliver the best cardiac care possible.

## WHAT WE DO

### MAINTAIN THE CARDIAC REGISTRY

coordinating advanced cardiac services for adults across the province, with the help of a computerized patient registry. This information is used by Regional Cardiac Care Coordinators in each cardiac centre to facilitate and monitor access to services by patients and their physicians.

**ADVISE THE MOHLTC** on adult cardiac services using data and consensus driven methods. We offer planning and system expertise for future high-quality cardiac care in collaboration with the Ministry, Institute of Clinical Evaluative Sciences and other partners.

**SHARE INFORMATION** through the CCN website [www.ccn.on.ca](http://www.ccn.on.ca) including current statistical information on cardiac services, expert panel reports and submissions made to the MOHLTC. Our database summary is updated on a quarterly basis and information on the wait times for three types of cardiac service (cardiac surgery, catheterization, and angioplasty) is posted on our website each month end. These times are further refined by hospital and Urgency Rating Scale.

## HOW WE DO IT

The back page of this report demonstrates what others think of CCN. Our own values are reflected in the army of volunteers who contribute their time and experience, and by the small dedicated hard working crew at Provincial Office.

- \* We focus on meeting patient needs
- \* We improve the quality of information
- \* Through research we contribute to and share our knowledge
- \* We work collaboratively in planning the provision of cardiac services
- \* We are open and honest
- \* We continually aim to get better at what we do

## CCN PROVINCIAL OFFICE

**Kevin Glasgow, MD** CEO

**Saba Ateyah\*** IT Team Leader

**Amanda Dean** Director of Clinical Practice

**Jane De Jong\*\*** Communications Officer

**Joyce Deutsch\*** Director of Information & IT

**Anh Do\*\*** Project IT Specialist

**Linda Gill** Administrative Assistant

**Winifred Hawkins** Secretary

**Lucy Li** Decision Support Analyst

**Darko Mazalica** PC/Network Specialist

**Paul Raymond\*** Director, Communications

**Joyce Seto\*\*** Director of Information & IT

**Terri Swabey** Director of Projects and Liaison

**Ben Vozzolo** Director of Operations & Business Affairs

**Joan Zarbatany** Executive Assistant

\*left in 2003-2004 \*\*joined in 2003-2004

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COURTESY OF ST. MICHAEL'S HOSPITAL, TORONTO



## CCN BOARD OF DIRECTORS

**Matt Anderson** VP and CIO, University Health Network, Toronto  
**Adalsteinn Brown, DPhil** Professor, University of Toronto, Dept. of Health Administration  
**Eric Cohen, MD** Director, Cath Lab, Sunnybrook & Women's, Toronto  
**Patricia Daniels** RCCC, St. Michael's Hospital, Toronto  
**Scott Dudgeon** Executive Director, Toronto District Health Council (June 9, 2004)  
**Anthony Graham, MD** Director, Ambulatory Care, Cardio Centre, St. Michael's Hospital  
**Lyall Higginson, MD (Vice Chair)**, Chief of Cardiology, University of Ottawa Heart Institute  
**Andreas Laupacis, MD** President & CEO, Institute for Clinical Evaluative Sciences, Toronto  
**Lynne Lawrie** Executive Director, Toronto District Health Council (from June 10, 2004)  
**Charles Lazzam, MD** Director, Cath Lab, Trillium Health Centre, Mississauga  
**Mary Catherine Lindberg** Executive Director, Ontario Council of Teaching Hospitals  
**John McCans, MD** Chairman, Dept. of Cardiology, Kingston General Hospital  
**Manish Maingi, MD** Medical Director, Cardiology Program, Credit Valley Hospital  
**Patricia Norman**, VP Areas of Focus, Southlake Regional Health Centre, Newmarket  
**John Oliver (Chair, President)** President & CEO, Halton Health Services, Oakville  
**Leo Steven** President & CEO, Sunnybrook & Women's, Toronto  
**Grace St. Jean** Administrative Director, Critical Care Program, Hôpital Régional de Sudbury  
**Neville Suskin, MBChB** Director, Cardiac Rehab and Secondary Prevention, LHSC  
**Anne Tattersall** Director of Operations, University Health Network, Toronto  
**Kevin Teoh, MD** Head of Cardiac Surgery, Hamilton Health Sciences Centre

**Kevin Glasgow, MD (Corporate Secretary)** CEO, CCN

CCN also acknowledges the important contribution of the following people who left the CCN Committee (pre-cursor to the Board) in 2003/04:  
 Bruce Antonello, Bill Bain, David Boyle MD, Milan Gupta MD, Alexander Hamilton MD, Donna Riley, Allison Stuart MOHLTC (ex officio), Peter Biasucci, MOHLTC (ex officio)

# MESSAGE FROM THE CHAIR & CEO

2003/4 WAS A VERY BUSY AND PRODUCTIVE TIME FOR CCN and the Network demonstrated its mettle in time of adversity. The year heralded important legal, advisory, and information technology advances for CCN. With the support of the Ministry of Health and Long-Term Care, CCN was incorporated in July 2003. This new legal status enables CCN to be named to legislation, helps us comply with privacy legislation, and makes us more efficient.

On April 1, 2004, the first "interim" Board was replaced by a board of 19 volunteers representing our diverse stakeholders. The members of the Corporation were defined as the Network's 17 hospitals, which each has at least one cardiac cath lab. A comprehensive strategic planning process started in Spring 2004, with a final plan expected in September 2004 setting clear direction for CCN for the next 3 years. The Network expanded to 11 "full service" cardiac centres with St. Mary's General Hospital, Kitchener opening PCI and surgery services in July 2003, followed by Southlake Regional Health Centre, Newmarket in November/December 2003.

New Participation Agreements, which detail the mutual rights and responsibilities of the CCN Provincial Office and the institutional members, were signed by all 17 institutions following a collaborative negotiation process. For the first time, modest membership fees were instituted to diversify CCN's funding base and provide some flexibility to respond to the needs of the members. Board policies and procedures were developed to ensure strong governance for CCN on behalf of its stakeholders.

CCN devoted considerable effort in 2003/04 to enhance the Network's ability to comply with evolving federal and provincial privacy legislation. This involved completion of a Privacy Impact

Assessment, as well as meetings with MOHLTC and the Office of the Ontario Information and Privacy Commissioner.

The year was complicated by Severe Acute Respiratory Syndrome, which tested healthcare delivery. A more detailed report on page 6 describes how CCN responded, and the leadership opportunity that the SARS crisis presented for the Network. CCN ensured appropriate access to care for the most urgent cardiac patients during this extremely stressful period. The dynamic information requirements of the SARS crisis exceeded the ability of CCN's IT system to respond in a timely manner, highlighting why CCN's IT infrastructure needs to be replaced to better serve patients, clinicians, hospitals, and the MOHLTC. CCN submitted a proposal to the MOHLTC for migration to a centralized, web-based, near real-time wait-list system, which will utilize infrastructure provided by the government-funded Smart Systems for Health Agency. CCN now awaits a final decision from the Ministry.

In spite of timetable setbacks due to SARS, CCN's volunteer panels continued their important advisory work for the MOHLTC and the cardiac community. The following advisory/working group reports became public documents available on the CCN website:

- \* Drug Eluting Stents
  - \* Device Closure of Atrial Septal Defects and
  - \* Prophylactic Implantable Cardioverter Defibrillators and Resynchronization Therapy.
- CCN Consensus/Evaluation Panels developed reports on:
- \* Target-Setting - delivered to MOHLTC in March 2004 (public release May 2004)
  - \* Access to Urgent PCI – delivered to MOHLTC in May 2004 (public release July 2004) and
  - \* Stand-Alone Angioplasty – delivered to MOHLTC in July 2004.



Left:  
John Oliver,  
Chair

Right:  
Kevin Glasgow,  
CEO

PHOTO: STEVEN UHRANEY



Building on the traditional clinical strengths of its reports, CCN increasingly incorporated bioethics and economic analysis advice in its successive publications, a trend which is expected to continue in order to maximize the value of its reports.

The number of cardiac procedures tracked by CCN at our member institutions continued to rapidly grow (see page 10), particularly in the area of interventional cardiology. Within four years, a 50% increase is projected in the number of CCN patient encounters per year, rising from 75,000/year to about 110,000, based on CCN projections and government forecasts. CCN continues to be one of the few wait-time systems that facilitates access to care for patients on a complete target population basis across multiple institutions. This is a significant achievement for the Network and it is a tribute to all of CCN's dedicated clinicians, administrators, regional cardiac care coordinators, data clerks/analysts, Ministry colleagues and other stakeholders who are motivated to excel for the benefit of patients and their families.

We reply daily to queries about "how do you do it?" responding to numerous requests to speak at conferences and local healthcare planning meetings. CCN's hosting of the National Cardiac Registry Symposium is detailed on page 7. This kind of exposure, coupled with the informed replies to queries through our website, demonstrates the commitment of CCN to sharing our expertise and leading by example. It is our reputation for excellence and innovation that put us on the front page of the Wall Street Journal on November 12, 2003, and that has resulted in frequent references to CCN in government platform documents, books, magazines, newspapers, and journals. This recognition showcases the efforts of a small, energetic Provincial Office, our 17 member institutions, and an army of committed volunteers.

There is currently enormous public and government interest in reducing waiting lists, and CCN is well positioned to offer solutions for timely access to care for patients and for best practices in the cardiac arena. With strong Board leadership, renewed commitment of our member hospitals, clinicians and volunteers, and the ongoing support of the MOHLTC, CCN will continue to improve quality, efficiency, access and equity in adult cardiac care.

John Oliver  
Chair

Kevin Glasgow, MD  
Chief Executive Officer

## CCN THANKS ALL VOLUNTEER CONTRIBUTORS INCLUDING:

### ARRHYTHMIA MANAGEMENT WORKING GROUP

**Renald Carrier** Director, Profusion Services, Hôpital Régional de Sudbury  
**Stuart Connolly, MD (Chair)** Prof., Health Sciences Faculty, Hamilton HSC  
**Charlotte Daniels** Director of Cardiac & Vascular Disease, Hamilton HSC  
**Paul Dorian, MD** Cardiologist, St. Michael's Hospital, Toronto  
**Patricia Doucette** RCCC, University of Ottawa Heart Institute  
**Jennifer Fraser** Clinical Pacing Coordinator, Kawartha Cardiology Clinic, Peterborough  
**Chris Simpson, MD** Cardiologist, Electrophysiologist, Kingston General Hospital  
**James Swan, MD** Cardiologist, Scarborough Professional Centre Inc.  
**Raymond Yee, MD** Arrhythmia Services, London HSC

#### EX-OFFICIO

**Kevin Glasgow, MD** CEO, CCN  
**Terri Swabey** Director of Projects & Liaison, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC

### CATH PCI WORKING GROUP

**David Almond, MD** Director, Invasive Cardiac Services, London HSC  
**David Alter, MD** Scientist, Institute for Clinical Evaluative Sciences, Toronto  
**Warren Cantor, MD** Cardiologist, St. Michael's Hospital, Toronto  
**David Crosby, MD** Cath Lab Director, Hamilton Health Sciences Centre  
**Patricia Doucette** RCCC, University of Ottawa Heart Institute  
**Carol Dunham** Cath Lab Manager, University Health Network, Toronto  
**Vladimir Dzavik, MD (Chair)**, Director, Interventional Cardiology, UHN  
**Karen Klymciw** RCCC, Trillium Health Centre, Mississauga  
**Jean-Francois Marquis, MD** Director, Interventional Cardiology, UOHI  
**Madhu Natarajan, MD** Cardiologist, Hamilton HSC  
**Arlene Thomson** RCCC, Thunder Bay Regional HSC  
**Jane Woods** RCCC, University Health Network

#### EX-OFFICIO

**Amanda Dean** Director of Clinical Practice, CCN  
**Kevin Glasgow, MD** CEO, CCN  
**Joyce Seto** Director of Information & IT, CCN  
**Terri Swabey** Director of Projects & Liaison, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC

# SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

CCN ROSE TO THE UNPRECEDENTED CHALLENGE OF dealing with SARS in the Spring of 2003. As hospitals closed and healthcare providers were quarantined in the Greater Toronto Area, CCN maintained timely information flow and ensured equitable access to cardiac care for patients most in need.

Increased communication between the front line Regional Cardiac Care Coordinators (RCCCs), physicians, hospital administrators and the CCN Provincial Office through frequent teleconferences, shared information on current cardiac bed availability and system resources across the Province. This process, together with CCN Provincial Office communiqués, provided much needed support to hospital personnel for patient triage and management.

CCN statistics (see chart below) showed marked reductions in numbers of patients accessing cardiac procedures in Ontario, and particularly in the Greater Toronto Area, during April/ May 2003. As the system coped with the need for increased isolation rooms and shortages of critical care staff, the availability of cardiac resources for certain patients decreased. This resulted in longer wait time for elective patients, as priority was given to the most urgent patients.

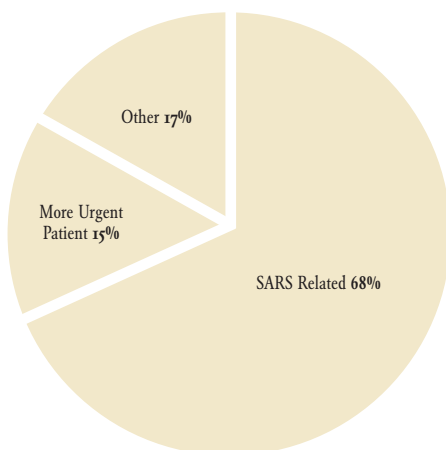
Extensive media coverage of the SARS outbreaks resulted in "the fear factor." Some patients awaiting cardiac procedures felt that

unless they were having cardiac symptoms, they were best to stay away from hospitals altogether. CCN noted "referral dry-up" during the SARS periods for elective patients. Subsequently, CCN provided cardiac wait list statistics to the Walker Panel on Infectious Disease Control commissioned by the Provincial Government to examine the impact of SARS on Ontario's healthcare system.

During the outbreaks, face-to-face meetings at the CCN Provincial Office were suspended in order implement infection control measures consistent with those in place in the hospital sector, and also to free up Provincial Office staff to support member hospitals. Teleconferences replaced the usual volunteer committee meetings, enabling some committee and consensus panel work to continue. Nonetheless, timelines for CCN expert panel reports were set back by about three months.

The established strong links between member hospitals and the CCN Provincial Office were instrumental in making the most of stretched resources during this period of extreme stress and turmoil and in enabling procedure volume levels to rebound quickly post-SARS. The crisis did, however, highlight the need for information technology that can deliver real-time wait list data.

**PROVINCIAL SURGERY CANCELLATIONS  
APRIL 2003**



Total Cancelled Patients: April 2003 271  
April 2002 124



COURTESY OF ST. MICHAEL'S HOSPITAL, TORONTO

# NATIONAL CARDIAC REGISTRY SYMPOSIUM

THE PARTNERSHIP BETWEEN CCN AND THE CANADIAN Association of Cardiac Rehabilitation (CACR) hosted the National Cardiac Registry Symposium in Toronto, from November 21-23, 2003. Funded by the the Institute of Circulatory and Respiratory Health (ICRH) of the Canadian Institutes of Health Research via the New Frontiers Program, the conference was composed of more than fifty multidisciplinary speakers and participants from across Canada, including many from CCN. Representatives of various cardiac databases, including APPROACH<sup>1</sup>, ICONS<sup>2</sup>, BCCR<sup>3</sup>, and Réseau Québécois de cardiologie tertièrè, lent their expertise and collaborative experience to the sessions.

The event was the first of its kind and had three main goals:

- \* to mobilize both clinical and technological experts from across the country interested in developing cardiac registries;
- \* to share information and accelerate technology transfer within and between provinces; and
- \* to initiate, build and evolve an integrated national research agenda for cardiac registries.

Principal themes of the discussions were information technology, common data definitions, and operational and research linkages between registries. The speakers and panel members represented a wide range of experiences. In addition to cardiac rehab break-out sessions, the following topics were covered:

- \* **Overview of the New Frontiers Program** *Dr Bruce McManus, Scientific Director of ICRH*
- \* **Role of Cardiac Databases** *Dr Neville Suskin, London Health Sciences Centre*
- \* **Challenges and Opportunities to Creating and Maintaining Cardiac Registries (Part I)**  
*Panel: Dr Merrill Knudtson (APPROACH), Dr Steven Glover (CACR), Dr Kevin Glasgow (CCN)*
- \* **Optimizing the functioning of Current and New Registries: Capitalizing on new E-Technologies**  
*Dr Tim Cheung, University of Ottawa Heart Institute*



- \* **Ethical and Privacy Issues** *Dr David Flaherty, Privacy and Information Policy Consultant*
- \* **Clinical Relevance of Cardiac Registries** *Dr Eric Cohen, Sunnybrook & Women's*
- \* **Applied Health Services Research and Cardiac Registries** *Dr Jack Tu, Institute for Clinical Evaluative Sciences*
- \* **New E-Technology in the Management of Cardiac Registries: Public and Private Sector Perspectives** *David Thomas, Ontario's Smart Systems for Health Agency*
- \* **Challenges and Opportunities to Creating and Maintaining Cardiac Registries (Part II)**  
*Panel: Dr Mike Kiely (British Columbia Cardiac Registries), Dr Jafna Cox (ICONS/Nova Scotia), Dr Neville Suskin (CACR), and Dr Jean Morin (Réseau Québécois de cardiologie tertièrè/Quebec Cardiac Registry)*
- \* **Towards National Cardiac Registry Linkages: Lessons From the Past** *Dr Ross Davies, University of Ottawa Heart Institute*
- \* **From Waiting Lists Through to Outcomes: Next Steps for Cardiac Registries Advancement in Canada** *Amanda Dean, CCN*

To cap off the Symposium, Co-Chairs, Dr Kevin Glasgow (CCN) and Dr Denis Prud'homme (CACR), led discussion on an action plan to include standardizing data definitions, soliciting interest in a

follow up symposium, continuing to network across provinces, and examining technological requirements for registries. Participant feed-back was overwhelmingly positive for the event, a credit to both the speakers and the organizational efforts of the CCN Provincial Office.

*A summary of the Symposium's proceedings will be available in the Fall of 2004 at [www.ccn.on.ca](http://www.ccn.on.ca).*

## NOTES

- 1 APPROACH—Alberta Provincial Project for Outcome Assessment In Coronary Artery Disease
- 2 ICONS—Improving Cardiovascular Outcomes in Nova Scotia
- 3 BCCR—British Columbia Cardiac Registry

# CONSENSUS PANEL REPORTS DELIVERED TO MOHLTC IN 2003/2004

## ACCESS TO URGENT PCI FOR ST – SEGMENT ELEVATION MYOCARDIAL INFARCTION (STEMI)

The Panel's mandate was to develop recommendations on the coordination and provision of urgent PCI as they apply to the management of ST-segment elevation MI in Ontario.

After reviewing recent advances in treatment of urgent heart attacks and gathering data from across Canada, the panel developed recommendations for this acute heart attack population representing about 7,000 Ontario patients a year. In Kingston, Hamilton and Ottawa, availability of urgent angioplasty for acute heart attacks 24 hours/day is the new reality involving successful partnerships with many care providers.

The expert panel recommended that urgent angioplasty be adopted as the standard of care and that heart attack treatment be managed within a regional system. The report details a phased and integrated system-wide plan which includes pre-diagnosis, emergency transportation, treatment, monitoring and patient follow-up. It calls for equitable standards across the province and improved coordination and communication between all providers.

The net effect of the recommended regional heart attack system and urgent angioplasty model would be to increase efficiency through integrating existing services. The report demonstrates that this approach could save lives, avoid patients re-entering the system, result in healthier outcomes, save hospital costs and standardize care across Ontario.

## TARGET SETTING

The Panel's mandate was to review and comment on target rates for cardiac surgery, cath and percutaneous coronary intervention (PCI-angioplasty) previously set out for the period between 1999/00 and 2005/06 as part of monitoring the performance of the advanced cardiac system. In addition, CCN was asked to identify new provincial targets at the county/subdivision level for cath, PCI and CABG surgery projected to 2008/09.

### Some findings:

Rapid increase in cath and PCI volumes in recent years was related to new clinical developments and investments in capacity; key drivers of increased utilization include "an early invasive strategy" for patients with acute coronary syndrome, and technological advances in coronary stenting. Together, these developments have broadened the indications for PCI. There was no growth in the

utilization of CABG since 1999/2000. The reasons for this are complex and likely to represent a combination of limitations in the resources needed for surgical revascularization, along with enhanced capabilities for catheter-based revascularization.

### Some key recommendations to the MOHLTC:

- \* Minimum target rate for diagnostic catheterization of 728 cases per 100,000 adult population by 2008/2009
- \* Minimum target rate for PCI of 260 cases per 100,000 adult population by 2008/2009
- \* Minimum target rate for CABG surgery of 120 cases per 100,000 adult population by 2005/2006
- \* The recommended crude provincial rates for cath, PCI and CABG should be adjusted at the county level, and in large urban areas, at the subdivision level, using the standardized acute myocardial infarction (AMI) admission ratio.

## STAND-ALONE ANGIOPLASTY EXTERNAL EVALUATION

This report was submitted to the MOHLTC in July 2004, and is not a public document at this time.

The evaluation of the stand-alone angioplasty program at Rouge Valley Health System had two parallel evaluation components:

an internal evaluation conducted by RVHS, and an external evaluation coordinated by CCN via an autonomous Evaluation Committee.

The purpose of the evaluation was to:

- \* Assess the accuracy and value of the Ministry's criteria for evaluating stand-alone angioplasty proposals
- \* Affirm the safety of a stand-alone angioplasty program
- \* Determine the efficacy of the pilot stand-alone program
- \* Assess patient satisfaction with the pilot program
- \* Measure the impact of the pilot program on patient access and surrounding health care facilities and services
- \* Evaluate the generalizability of the pilot program



CCN ACKNOWLEDGES AND THANKS THE VOLUNTEERS WHO CONTRIBUTED THEIR ENERGY AND EXPERTISE TO THE PRODUCTION AND REVIEW OF THESE VALUABLE REPORTS. CCN ALSO THANKS THE MINISTRY OF HEALTH AND LONG-TERM CARE AND THE INSTITUTE FOR CLINICAL EVALUATIVE SCIENCES FOR THEIR INVALUABLE CONTRIBUTIONS AND COLLABORATION.

#### MEMBERS OF ACCESS TO URGENT PCI CONSENSUS PANEL

**Patricia Daniels** RCCC, St. Michael's Hospital, Toronto  
**Wendy Fucile** Vice-President and Chief Nursing Officer, Peterborough Regional Health Centre  
**Judy Hemming** Angioplasty Coordinator, University Health Network, Toronto  
**Marino Labinaz, MD (Chair)**, Cardiologist, University of Ottawa Heart Institute  
**Christopher Lai, MD** Director of Cardiology, Curans Health Centre, Thunder Bay  
**Bruce Lubelsky, MD** Cardiologist, North York General Hospital, Toronto  
**Madhu Natarajan, MD** Interventional Cardiologist, Hamilton Health Sciences Centre  
**Grama Ravi, MD** Chief of Cardiology, Hôpital Régional de Sudbury  
**Bruce Sawadsky, MD** Medical Director, Ontario Air Ambulance Base Hospital Program  
**Randal Watson, MD** Interventional Cardiologist, Trillium Health Centre, Mississauga

#### EX-OFFICIO

**Dennis Brown** Manager, Land Ambulance Program, MOHLTC  
**Dianna Craig\*** Project Manager, CCN  
**Amanda Dean\*\*** Director, Clinical Practice, CCN  
**Kevin Glasgow, MD** CEO, CCN  
**Paul Raymond\*** Communications Director, CCN  
**Christina Summers** Senior Program Analyst, MOHLTC  
**Terri Swabey** Director of Projects & Liaison, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC

Report available at [www.ccn.on.ca](http://www.ccn.on.ca)

#### MEMBERS OF TARGET SETTING CONSENSUS PANEL

**Bruce Antonello** President & CEO, St. Mary's General Hospital, Kitchener  
**Howard Baker** Tech. Planning Consultant, Joint Policy & Planning Committee  
**Gopal Bhatnagar MD** Cardiac Surgery, Trillium Health Centre, Mississauga  
**Eric Cohen, MD (Co-Chair)** Director, Cath Lab, Sunnybrook & Women's, Toronto  
**Milan Gupta, MD** Chief of Cardiology, William Osler Health Centre, Mississauga  
**Douglas Lee, MD** Cardiology Research Fellow, Institute for Clinical Evaluative Sciences  
**Jean-Francois Marquis, MD** Director Interventional Cardiology, University of Ottawa Heart Institute  
**Lori Marshall** Senior VP, Patient Services, Thunder Bay Regional HSC  
**Peter O'Brien** VP, Kingston General Hospital  
**William Shragge, MD (Co-Chair)** Chief of Staff & VP Academic Medical Affairs, Niagara Health System  
**Kevin Teoh, MD** Head of Cardiac Surgery, Hamilton Health Sciences  
**Jack Tu, MD** Scientist, Institute for Clinical Evaluative Sciences

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**Joyce Deutsch\*** Director of Informatics, CCN  
**Kevin Glasgow, MD** CEO, CCN  
**Lucy Li** Decision Support Analyst, CCN  
**Joyce Seto\*\*** Director of Information & IT, CCN  
**Marcella Sholdice\*\*** Project Manager, CCN  
**Terri Swabey** Director of Projects & Liaison, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC

Report available at [www.ccn.on.ca](http://www.ccn.on.ca)

#### MEMBERS OF STAND-ALONE ANGIOPLASTY EXTERNAL EVALUATION STEERING COMMITTEE

**Merril Knudtson, MD** Professor of Medicine, University of Calgary  
**Frank Markel, PhD (Chair)** Executive Director, Joint Policy and Planning Committee  
**Donald Palisaitis, MD** Director, Division of Cardiology, Sacré Coeur Hospital, Montreal  
**Sven Pallie, MD** Cardiologist, Niagara Health Systems & Hôtel Dieu Health Sciences Hospital  
**Mackenzie Quantz, MD** Cardiovascular Surgeon, London Health Sciences Centre  
**Robert Reid, PhD** Consultant, Program Evaluation, BKT Health Promotion & Communications  
**Heather Sherrard** VP Clinical Services, University of Ottawa Heart Institute  
**Arlene Thomson** RCCC, Thunder Bay Regional HSC

#### EX-OFFICIO

**Dennis Brown** Manager, Land Ambulance Program, MOHLTC  
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**Kevin Glasgow, MD** CEO, CCN  
**Terri Swabey** Director of Projects & Liaison, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC  
**Christina Summers** Senior Program Analyst, MOHLTC

\*left during project \*\* joined during project

# WAIT LIST STATISTICS (APR 1 '03-MAR 31 '04)

SURGERY	ISOLATED CABG				CABG + VALVE	VALVE	MISC.†	TOTAL CASES COMPLETED	
	Cases Completed	Median Waiting Time (Days)			Cases Completed	Cases Completed	Cases Completed	Total Surgery	
		Urgent	Semi-Urgent	Elective					
Sudbury	433	4	8	18	51	42	††	10831	
Kingston	453	5	6	12	61	61	13	7843	
Ottawa	736	2	13	42	132	224	38	1103	
Hamilton	1002	3	12	57	185	168	49	1499	
London	1150	4	8	30	106	202	57	386	
St.Michael's	803	9	11	56	68	195	44	49402	
Sunnybrook	829	3	7	41	107	103	25	15677	
Trillium	902	2	7	43	112	97	16		
UHN	1143	2	8	46	226	366	128		
Southlake*	103	6	6	24	12	10	6		
Kitchener**	289	0	2	23	43	31	6		
<b>Grand Total</b>								<b>75910</b>	

**Notes:**  
 † Misc. Includes: congenital, aortic pathology, left ventricle aneurysm, other surgical procedures.  
 †† Small cell size suppressed but included in total

CATHETERIZATION	Cases Completed	Patients Waiting	Median Waiting Time (Days)	
			In-patient	Out-patient
Sudbury	2548	200	2	33
Kingston	2480	226	1	50
Ottawa	4409	340	2	45
Hamilton	4782	585	2	51
London	3973	117	2	22
St.Michael's	2521	148	1	25
Sunnybrook	2876	105	1	15
Trillium	4270	305	3	63
UHN	6309	211	1	21
Southlake*	3335	106	2	12
Kitchener**	2405	101	1	25
Rouge Valley	2562	85	2	14
Sault Ste. Marie	841	49	2	28
Thunder Bay	1287	114	3	41
Windsor	1296	45	2	12
Peterborough	1719	57	1	14
Toronto East General	1789	49	1	6

PCI	Cases Completed	Patients Waiting	Median Waiting Time (Days)	PCI: Isolated CABG Ratio
				1092
1206	21	3	2.66	
2117	40	4	2.93	
1789	35	5	1.79	
1411	34	4	1.23	
1344	51	2	1.67	
1662	90	4	2.03	
1697	20	3	1.89	
1914	95	7	1.70	
432	19	4	4.32	
602	15	2	2.10	
411	6	3	-	

**Notes:**  
 Median Waiting Time calculated as days from date of acceptance for procedure.  
 \* Southlake PCI program started November 2003. Surgical Program started December 2003.  
 \*\* Kitchener PCI & Surgery Programs started July 2003.

## FINANCIALS

BALANCE SHEET	Operating & Capital Fund	Specific Project Fund*	Total	INCOME STATEMENT	Operating & Capital Fund	Specific Project Fund*	Total
Assets	\$212,654	\$1,317,420**	\$1,530,074	Revenue	\$1,297,227	\$350,153	\$1,647,380
Liabilities & Deferred Amounts	\$41,981	\$1,343,606	\$1,385,587	Expenses	\$1,194,829	\$357,615	\$1,552,444
Surplus (Deficit) at year end	\$170,673	\$(26,186)	\$144,487	<b>Excess (Deficiency)</b>	\$102,398	(\$7,462)	\$94,936
<b>Total</b>	\$212,654	\$1,317,420	\$1,530,074				

**Notes:** \* Grants for specific projects & programs \*\*Majority of monies remain 'on hold' pending MOHLTC authorization to proceed with registry development (eg cardiac arrhythmia registry)

# CCN STANDING COMMITTEES

## REGIONAL CARDIAC CARE COORDINATORS COMMITTEE

**Jennifer Beamer** St. Mary's General Hospital, Kitchener  
**Lorna Bickerton** University of Ottawa Heart Institute  
**Tracey Brown** St. Mary's General Hospital, Kitchener  
**Kathleen Browne** Sunnybrook & Women's, Toronto  
**Lisa Burlacoff** Trillium Health Centre, Mississauga  
**Beverly Carlyle** Central East Regional Office, University Health Network, Toronto  
**Patricia Daniels** St. Michael's Hospital, Toronto  
**Wynne de Jong** Rouge Valley Health System, Scarborough  
**Sheila Dee** Kingston General Hospital  
**Pat Doucette** University of Ottawa Heart Institute  
**Nancy Elford** Toronto East General Hospital  
**Mira Finley** Rouge Valley Health System, Scarborough  
**Linda Harper-Porter** Sault Area Hospital  
**Karen Klymciw** Trillium Health Centre, Mississauga  
**Sheri Mifsud** Sunnybrook & Women's, Toronto  
**Colleen Murphy** Kingston General Hospital  
**Janet Murphy-Smith** University Health Network, Toronto  
**Karon Orr** London Health Sciences Centre  
**Karen Palmer** London Health Sciences Centre  
**Lora Piccinin** Hôtel-Dieu Grace Hospital, Windsor  
**Colette Plourde** Hôpital Régional de Sudbury  
**Donna Riley** St. Michael's Hospital, Toronto  
**Paula Roberts** Southlake Regional Health Centre, Newmarket  
**Sue Sayewell** Southlake Regional Health Centre, Newmarket  
**Corine Tartaglia** Hamilton Health Sciences Centre  
**Arlene Thomson** Thunder Bay Regional HSC  
**Jennifer White** Peterborough Regional Health Centre  
**Jane Woods** University Health Network, Toronto  
**Donna Wright** Hamilton Health Sciences Centre

### EX-OFFICIO

**Saba Ateyah** IT Team Leader, CCN  
**Amanda Dean** Director of Clinical Practice, CCN  
**Kevin Glasgow, MD** CEO, CCN  
**Joyce Seto** Director of Information & IT, CCN

Four key areas of activity were the completion of the RCCC Role Review, the initiation of the data definition review, the revision of the patient brochure, and the launching of the Chart Audit. The results of the RCCC Role Review compiled from surveys completed by RCCCs were presented to CCN in the Fall of 2003. The RCCC Committee recommended that the Role Review should be ongoing and committed to sharing learnings between various hospitals at the RCCC quarterly meetings.

In response to RCCC concerns about data definitions and data quality, data definition review is now a routine discussion item at the RCCC meetings. This review process has since been expanded to the data clerk/analyst meetings.

A comprehensive chart audit of the 17 member hospitals was designed by a working group in January 2004. By Summer 2004, cath, PCI and cardiac surgery will have been audited for quality control. This will be the first CCN chart audit to include cath and PCI. Thanks go to all the audit volunteers, health records staff, and administrative support

at the hospitals for making this happen. Results will be shared with CCN standing committees in the Fall of 2004, including recommendations to improve data collection, data definitions, and future audit processes.

## INFORMATICS COMMITTEE

**David Alter, MD** Scientist, Institute for Clinical Evaluative Sciences, Toronto  
**Stephanie Brister, MD** Cardiac Surgery, University Health Network, Toronto  
**David Latter, MD** Program Director, University of Toronto & Cardiac Surgery, St. Michael's Hospital  
**Yves Leclerc, MD** Cardiovascular Surgeon, St. Michael's Hospital, Toronto  
**Roberta MacDonald** Director of Information Technology, St. Mary's General Hospital, Kitchener  
**Frank Markel, MD** Executive Director, Joint Policy and Planning Committee, Toronto  
**Thomas Mathew, MD** Cardiologist, Algoma District Medical Group, Sault St. Marie  
**Sylvain Plante, MD** Medical Director, PCI Program, Southlake Regional Health Centre, Newmarket  
**Joseph Ricci, MD** Medical Director, Cardiology, Rouge Valley Health System, Scarborough  
**Linda Rinaldi** Director, Cardiac Services Health System, Trillium Health Centre, Mississauga  
**Chris Simpson, MD** Cardiac Electrophysiology, Kingston General Hospital  
**Kevin Teoh, MD** (Chair), Head of Cardiac Surgery, Hamilton Health Sciences Centre  
**Arlene Thomson** RCCC, Thunder Bay Regional HSC  
**Jack Tu, MD** Scientist, Institute for Clinical Evaluative Sciences, Toronto

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**Kevin Glasgow, MD** CEO, CCN  
**Joyce Seto** Director of Information & IT, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC  
**Doug Tessier** Senior Project Manager, MOHLTC

In late 2003, with the assistance of our ICES colleagues, CCN introduced an urgency rating scale (urgent, semi-urgent and elective) and "recommended maximum wait time" (RMWT) system for cardiac catheterization. To our knowledge, this is a Canadian and perhaps global "first". Future annual reports will reflect this reporting methodology, a marked improvement over inpatient and outpatient classification.

The Committee oversaw the functioning of the Patient Registry and provided counsel to CCN staff in the submission of a technology proposal to the MOHLTC. CCN's vision is for the network to migrate to a web-based, centralized, real-time IT system that will facilitate prospective, in addition to retrospective, wait time management. CCN's wait list registry system, Cardiacess, was enhanced to capture data to support a MOHLTC-funded study, (conducted by McMaster University's PATH) intended to examine the roll-out of drug-eluting stents in Ontario.

Additional areas of focus for the Informatics Committee included continuous quality improvement in the data collection, analysis and reporting as well as establishing criteria for measurement. The

Committee also played a role in assisting the CCN Provincial Office with formatting a Privacy Impact Assessment for CCN activities

On a monthly basis, the Informatics Committee continued to review wait list statistics from across the Province, and approved the distribution of statistical reports. Input was also received into the development and rollout of the Ontario Cardiac Surgery Report Card, a joint ICES-CCN initiative. (This document is available at [www.ccn.on.ca](http://www.ccn.on.ca)).

## CLINICAL SERVICES COMMITTEE

**Lorna Bickerton** RCCC, University of Ottawa Heart Institute  
**Rajen Chetty, MD** Director Cardiac Cath Lab, Hôtel-Dieu Grace Hospital, Windsor  
**Eric Cohen, MD** (Chair), Director, Cath Lab, Sunnybrook & Women's, Toronto  
**Stuart Connolly, MD** Professor, Faculty of Health Sciences, Hamilton Health Sciences Centre  
**Joseph deMora** President & CEO, Kingston General Hospital  
**Vladimir Dzavik, MD** Director, Interventional Cardiology, UHN, Toronto  
**Michael Freeman, MD** Director, Heart Program, St. Michael's Hospital, Toronto  
**Wendy Fucile** VP and Chief Nursing Officer, Peterborough Regional Health Centre  
**Anup Gupta, MD** Director, Cardiac Catheterization, Toronto East General Hospital  
**Lori Marshall** Senior VP, Patient Services, Thunder Bay RHC  
**Alan Menkis, MD** Cardiac Surgeon, London Health Sciences Centre  
**Thierry Mesana, MD** Chief of CV Surgery, University of Ottawa Heart Institute  
**Sven Pallie, MD** Cardiologist, Niagara Health Systems, St. Catharines  
**Randal Watson, MD** Cardiologist, Trillium Health Centre, Mississauga  
**Malcolm Wilson, MD** Internist, Algonquin Health Services, Huntsville

EX-OFFICIO  
**Kevin Glasgow, MD** CEO, CCN  
**Ben Vozzolo** Director of Operations & Business Affairs, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC

The Clinical Services Committee (CSC) reviewed and approved the preparation and delivery of the consensus panel report on Access to Urgent PCI. In addition the CSC advised on clinical matters in the Stand Alone Angioplasty review. Discussions were held with MOHLTC's Medical Advisory Secretariat to share understanding of our activities and explore ways to make our work complementary.

New terms of reference were developed for the CSC, and discussions began on incorporating quality indicators into the committee's activities.

The CSC also provided oversight function to the activities of the Arrhythmia Management Working Group (Chair, Dr Stuart Connolly) and the Cath/PCI Working Group (Chair, Dr Vladimir Dzavik) listed on page 5.

## Canada Tries a New Triage Tactic

- Wall Street Journal (front page story on CCN)

**“Centralized registries’ success stories such as CCN  
have been difficult to transfer ...”**

- Romanow Report “Building on Values”

**“CCN has the most  
rigorously managed  
wait list in the country”**

**“CCN has developed over 14 years, a well-oiled  
machine for assessing heart surgery”** - Globe & Mail

**“CCN is a model in reducing wait times”**

- Medical Post

**A National Success Story**

- CBC’s “The National” profiles CCN



ANNUAL REPORT 2004

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**“there are few notable success  
stories. But the CCN is often  
cited as one.”**

- Maclean’s magazine