

# ADVICE ACCESS *ACTION*



ANNUAL REPORT 2005

## 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 College Health Sciences Centre  
Thunder Bay Regional Health Sciences Centre  
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.

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



CCN PROVINCIAL OFFICE STAFF

## What we do

### OPERATE THE CARDIAC REGISTRY

CCN coordinates 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

CCN advises on adult cardiac services using data, expert advice 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 Studies and other partners.

### SHARE INFORMATION

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

### IMPROVE THE CARDIAC SYSTEM

CCN is actively developing a role in the management and planning of the cardiac system.

## CCN PROVINCIAL OFFICE

Kevin Glasgow, MD CEO

Eric Cohen,\*\* MD Medical Officer

Amanda Dean\* Director of Clinical Practice

Jane De Jong Communications Officer

Anh Do Project IT Specialist

Linda Gill Administrative Assistant

Winifred Hawkins Secretary

Dave Ilkka\*\* Director of I&IT/ Privacy Officer

Lucy Li Decision Support Analyst

Darko Mazalica PC/Network Specialist

Caroline Rafferty\*\* Director of Clinical Practice

Joyce Seto\* Director of I&IT/ Privacy Officer

Terri Swabey Director of Projects and Liaison

Ben Vozzolo Director of Operations & Business Affairs

Joan Zarbatany Executive Assistant

\*left in 2004-2005 \*\*joined in 2004-2005

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## Key Accomplishments in 2004/2005

fulfilling CCN's Mission & Vision



September 2004 Strategic plan-goals set for CCN

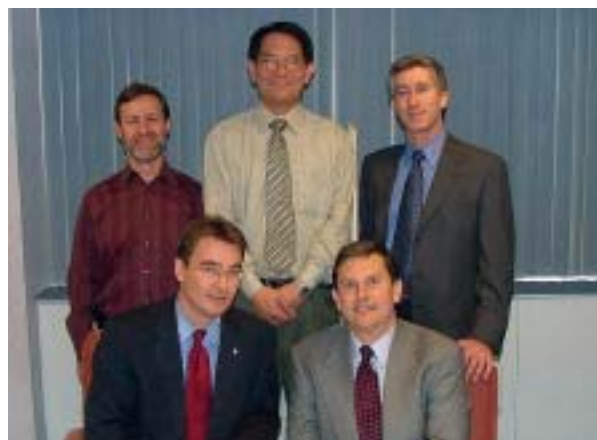
March 2005 10 Point Plan for Action to address access variation

April 2005 Funding announced for new IT system

## What we value

Our own values are reflected in the commitment of staff and volunteers. Together we:

- › Focus on meeting patient needs
- › Improve the quality of information
- › Contribute to & share our knowledge through research
- › Work collaboratively in planning provision of cardiac services
- › Are open and honest
- › Continually aim to get better at what we do



EXECUTIVE COMMITTEE (LR): CHARLES LAZZAM, KEVIN GLASGOW, KEVIN TEOH, JOHN OLIVER, ERIC COHEN, MISSING: LYALL HIGGINSON

## CCN BOARD OF DIRECTORS

**Matt Anderson** VP and CIO, University Health Network, Toronto

**Adalsteinn Brown** Professor, University of Toronto, Dept. of Health Administration

**Eric Cohen, MD** Director, Cath Lab, Sunnybrook & Women's, Toronto (to Nov. 30, 2004)\*

**Patricia Daniels** RCCC, St. Michael's Hospital, Toronto

**Scott Dudgeon** Executive Director, Toronto District Health Council (to June 9, 2004)

**Anthony Graham, MD** Director, Ambulatory Care, Cardio Centre, St. Michael's Hospital

**Lyall Higginson, MD (Vice Chair)** Chief of Cardiology, Univ. Ottawa Heart Institute

**Andreas Laupacis, MD** President & CEO, Institute for Clinical Evaluative Sciences, Toronto

**Lynne Lawrie** Executive Director, Toronto District Health Council (June 10, 2004-March 2005)

**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

\*Eric Cohen, MD, resigned from the Board to take up the position of CCN Medical Officer.

## FINANCIAL SUMMARY 2004/5

BALANCE SHEET	Operating & Capital Fund	Specific Project Fund	Total
Assets	\$407,137	\$2,987,835	\$3,394,972
Liabilities & Deferred Amounts	\$216,488	\$3,035,329	\$3,251,817
Surplus (Deficit) at year end	\$190,649	\$(47,494)	\$143,155
<b>Total</b>	<b>\$407,137</b>	<b>\$2,987,835</b>	<b>\$3,394,972</b>

INCOME STATEMENT	Operating & Capital Fund	Specific Project Fund	Total
Revenue	\$1,440,383	\$272,000	\$1,712,383
Expenses	\$1,420,407	\$293,308	\$1,713,715
<b>Excess (Deficiency)</b>	<b>\$19,976</b>	<b>\$(21,308)</b>	<b>\$(1,332)</b>

Note: Extracted from unaudited financial statements and therefore draft.

# Message from the Chair & CEO



PHOTO: TRISH CARTLON, HALTON HEALTH CARE

LEFT: KEVIN GLASGOW, CEO RIGHT: JOHN OLIVER, CHAIR

## 2004/05 WAS A YEAR OF PROFOUND POSITIVE CHANGE

for CCN. The Provincial Access to Care and Wait Time Strategy means that CCN now has an enhanced mandate—to assume an active system management role evolving from its monitoring and information sharing past. This proactive role is illustrated by CCN's 10 Point Action Plan addressing of regional disparities in access to care (see page 8-9).

Written confirmation that CCN will be funded to implement a new web-based, centralized, real-time IT infrastructure for the Network was received from the MOHLTC in March 2005. CCN will ensure compatibility with the overall provincial wait time initiative and the MOHLTC has committed to keep CCN's current system running until the new one is ready in 13-20 months.

In November 2004 CCN was designated as a registry under Ontario's Personal Health Information Protection Act. CCN continues to work closely with member institutions and the Office of Information and Privacy Commissioner to ensure appropriate safeguards will protect personal health information without impeding CCN's vital role in facilitating timely access to care.

Other major accomplishments included:

- ▶ Strategic Planning—3 year plan developed with extensive stakeholder input
- ▶ *10 Point Plan for Action* to address regional disparities in access to care
- ▶ Stand-Alone Angioplasty Evaluation—July 2004 (public release pending )
- ▶ Network-wide Cardiaccess Data Quality Audit—fifth time for cardiac surgery; first-ever comprehensive audit of cath & PCI data
- ▶ Ontario Off Pump Cardiac Surgery Analysis (with ICES)
- ▶ Ontario Cardiac Surgery Report Card (with ICES)

CCN maintained a high profile in the medical and hospital communities. Public outreach included national media coverage on the successes of the Network including a segment on CBC's *The National*. CCN hosted a half-day education session at the 2004 OHA Annual Convention, and over twenty presentations were made across Canada by staff relaying CCN's progress. CCN Website redesign commenced, with a new, more user friendly set-up, for both public and providers (see page 7 for a preview).

Reflecting our newly incorporated status, CCN refined quarterly financial statement reporting, engaged independent auditors, completed the Board Policy and Procedure Manual and developed Privacy and Administrative policies/procedures. Pay and job equity processes were launched. We also negotiated the first-ever CCN-MOHLTC Accountability Agreement.

The CCN Board of Directors' composition evolved over the past year, ensuring the right skill sets are in place for sound governance. We expect to add legal and financial expertise in July 2005.

CCN-MOHLTC collaboration included CCN's formal participation and assistance with the MOHLTC's Cardiac Planning Day. CCN linkages with the Medical Secretariat and the Ontario Health Technology Assessment Committee strengthened, with CCN being invited to assist the MOHLTC in variety of technology assessments. CCN was also invited to participate in activities related to the Joint Policy and Planning Committee's funding formula working group.

CCN succeeded in collecting data for drug-eluting stent and off-pump coronary artery surgery evaluation studies (in conjunction, respectively, with the Program for Assessment of Technology in Health-McMaster University and the Institute for Clinical Evaluative Sciences). Arrhythmia procedure information reporting became incorporated into routine Informatics Committee statistical reports.

Prioritization scales and recommended maximum wait time (RMWT) development were initiated for PCI and cardiac valve surgery. CCN's arrhythmia experts also began urgency rating score and RMWT development for implantable cardioverter defibrillators.

We wish to thank all CCN volunteers, staff, member hospitals, clinicians, and MOHLTC and ICES colleagues for their continued commitment to the Cardiac Care Network of Ontario. This "made-in-Ontario" success is well positioned to serve patients and providers even better as CCN embraces its larger mandate.

## FAREWELL MESSAGE FROM THE CHAIR

As I approach the end of my three year term as Chair of CCN, I am very optimistic about CCN's future and the expanded role the Network will play in ensuring timely access to quality cardiac care for Ontarians. The combination of CCN's Strategic Plan and 10 Point Action Plan position the Network well for an active system management role.

Major accomplishments of CCN over the past three years included an expanded volunteer base; enhanced data collection, interpretation, and reporting; numerous high quality advisory reports; a successful incorporation process; and strengthened governance. Recent funding by the Ministry confirms new Information Technology as part of the Wait Time Strategy. This will provide the backbone to CCN operations and enable CCN to achieve the ambitious mandate to expand our current activities. My thanks go to Hugh MacLeod, Executive Lead, Health Results Team, and Dr. Alan Hudson, Lead, Access to Services/Wait Times for their support and recognition of the IT transformation required to enable CCN to perform its key role in wait time management.

CCN's leadership position was recognized by parties ranging from the National Quality Institute to the Romanow Report on the Future of Healthcare in Canada to the Wall Street Journal. During my tenure, delegations from several provinces and the U.K.'s National Health Service paid site visits to the CCN Provincial Office to learn more about the Network's successes.

It has been a privilege to have served as the Chair of Canada's pre-eminent cardiac registry and access to care network and to have been involved with such a dedicated and dynamic group of volunteers and staff. In particular, I wish to thank my fellow Board Directors for their counsel and contributions.

Yours in heart health,



## Strategic Plan sets direction for CCN



CCN's cardiac registry development is the catalyst for improved access and increased response to patients' needs. The involvement of the province's leading cardiac physicians, nurses, administrators and other stakeholders in the planning for acute adult cardiac services has resulted in many accolades and clones of the CCN model.

We continue to anticipate, plan for and play our part in the management of increased services for the anticipated 110,000 procedures our member hospitals expect to perform in 2007/8. In addition, CCN contributes directly to the improvement of the cardiac system by providing expert advice in response to current cardiac issues and by identifying future practices and potential barriers to the best patient care.

To provide clear direction amidst rapid change, CCN completed its strategic plan development in September 2004 and the timing was perfect to present our ideas and future directions to the Health Results Team's Wait List lead Dr. Alan Hudson. Ministry of Health and Long-Term Care officials participated with many other stakeholders in crafting the key strategic directions for CCN.

Two key strategic objectives were endorsed by the Board:

- ▶ Promote patients receiving timely, equitable and appropriate access to targeted cardiac services
- ▶ Support the continued improvement of the provincial health care system

Influencing the development of a provincial wait list solution was one of the strategic directions identified in the plan. By November 2004, CCN was given the mandate to assume a leadership role in the active management of wait lists, and the first priority identified by the Health Results Team, was the reduction of regional disparities.

The *10 Point Plan for Action* is on page 8-9 of this report together with charts and graphs which show the regional variations.



# Wait List Statistics April 1/04-March 31/05

CATHETERIZATION	CATH Only					CATH & Other Procedures
	Patients Waiting*	Cases Completed	Median Wait Time (Days)**			Cases Completed
			Urgent <sup>1</sup>	Semi-urgent <sup>2</sup>	Elective <sup>3</sup>	
Sudbury	167	1936	2	26	33	703
Kingston	191	1861	2	11	28	975
Ottawa	379	3043	3	40	61	1808
Hamilton	351	3605	3	27	39	1476
London	109	2904	3	14	22	658
St.Michael's	110	2341	1	10	16	536
Sunnybrook	94	2386	1	10	15	795
Trillium	179	3532	2	20	36	844
UHN	209	4748	1	18	20	1698
Southlake	96	3416	2	6	13	864
Kitchener	131	2324	1	16	32	578
Rouge Valley	35	2958	2	6	9	143
Sault Ste.Marie	35	853	2	8	16	0
Thunder Bay	83	1428	2	15	43	0
Windsor	96	1502	3	16	29	0
Peterborough	63	1749	1	11	18	0
Toronto East General	39	1959	1	4	5	0

CATH	
<sup>1</sup> Urgent	URS ≤ 4.0 RMWT 0-7 days
<sup>2</sup> Semi-Urgent	URS 4.01—5.5 RMWT 8-28 days
<sup>3</sup> Elective	URS 5.6—7 RMWT >28 days

SURGERY	ISOLATED CABG					CABG + VALVE	VALVE	MISC.+
	Patients Waiting*	Cases Completed	Median Wait Time (Days)**			Cases Completed	Cases Completed	Cases Completed
			Urgent <sup>1</sup>	Semi-Urgent <sup>2</sup>	Elective <sup>3</sup>			
Sudbury	39	370	2	4	21	47	77	***
Kingston	29	436	4	6	15	77	45	7
Ottawa	83	690	2	5	23	135	208	36
Hamilton	144	932	3	8	42	197	162	66
London	73	961	4	8	24	115	191	58
St.Michael's	76	873	3	6	18	108	180	57
Sunnybrook	41	710	3	6	20	78	124	27
Trillium	69	872	3	9	31	86	121	23
UHN	171	1068	2	7	26	299	360	170
Southlake	58	584	4	6	21	60	57	30
Kitchener	90	331	1	14	73	85	39	38

CABG	
<sup>1</sup> Urgent	URS ≤ 4.0 RMWT 0-14 days
<sup>2</sup> Semi-Urgent	URS 4.01—5.0 RMWT 15-42 days
<sup>3</sup> Elective	URS >5.0 RMWT 43-180 days

PCI	Patients Waiting*	Cases Completed	Median Wait Time (Days)**	PCI: Isolated CABG Ratio
Sudbury	33	1329	3	3.60
Kingston	12	1164	2	2.67
Ottawa	42	2323	4	3.45
Hamilton	23	1982	4	2.13
London	37	1435	5	1.50
St.Michael's	27	1468	2	1.71
Sunnybrook	29	1617	2	2.35
Trillium	10	1477	2	1.71
UHN	66	2036	5	1.93
Southlake	26	1433	3	2.47
Kitchener	22	979	1	2.95
Rouge Valley	9	638	3	-

TOTAL CASES COMPLETED		
	2004/05	2003/04
Surgery	11,195	10,831
Isolated CABG	7,827	7,843
CABG+Valve	1,287	1,103
Valve	1,564	1,499
Misc.	517	386
Catheterization	53,623	49,402
PCI	17,881	15,677
<b>Total</b>	<b>82,699</b>	<b>75,910</b>

**Notes:**  
\*Patients Waiting: average of total patients waiting for PCI, Cath, or Surgery at month-end. \*\*Median Wait Time calculated as days from date of acceptance to procedure. \*\*\* Small cell suppressed. + Misc. includes: congenital, aortic pathology, left ventricle aneurysm, other surgical procedures

**Definitions:**  
PCI Percutaneous Coronary Intervention (includes angioplasty); CABG Coronary Artery Bypass Graft; URS Urgency Rating Score; RMWT Recommended Maximum Wait Time

# Look to the Future

## IT Funding Approved for New System



When experts talk about excellence and leadership in wait list management, they invariably refer to the Cardiac Care Network of Ontario. CCN is recognized internationally as a practice leader in wait time monitoring and management.

The new information technology for CCN will align with the Ontario Wait Time Strategy and use the Smart Systems for Health Agency's connectivity and hosting capability.

The system will be designed to enhance the utility of information that is collected. With defined access rights, this management tool will give the Regional Cardiac Care Coordinators and physicians the ability to look up real time web-enabled information from any CCN cardiac centre in Ontario.

Patients and their families will be able to view the current wait times for service at all CCN cardiac centres and compare them with the wait times at other centres through the website. Patients will have the tools to make an informed choice of their preferred location for cardiac service.

CCN has already begun the procurement process, in collaboration with the Wait Time Strategy group. The plan is to roll out the new system to all 17 member sites by December 2006.

DAVE ILKKA, DIRECTOR I & IT; SARAH KRAMER, IS LEAD ONTARIO WAIT TIME STRATEGY; KEVIN GLASGOW, CEO; CAROLINE RAFFERTY, DIRECTOR OF CLINICAL PRACTICE



## New Look for CCN Website



At the end of 2004 CCN undertook a redesign of its website to help patients, health care planners and providers, and media find the information they needed more quickly and easily.

The new user-friendly interface of the CCN site is vertically integrated, allowing any visitor to find exactly what they're looking for in only two or three consecutive clicks of the mouse, presenting site content in a clearer, better-structured format.

- ▶ Patients now have the ability to view provincial wait list statistics via a direct link from the website homepage, and all statistics are now available in a more convenient downloadable format that is ready for printing.
- ▶ Provincial Office staff can use a special online content tool to update information on the website remotely, automatically formatting new content to meet the highest graphic standard for ease of use and readability.
- ▶ Improved functionality helps to make the experience of navigating CCN's website more dynamic, and a contemporary, clean look and feel presents an assured public face to a wider variety of visitors.

Launching in Summer 2005, the newly redesigned site promises to allow CCN to more effectively communicate its message and share information online in a more accessible manner: go to <http://www.ccn.on.ca/> to learn more.

# CCN's 10 Point Plan for Action



The CCN team undertook broad consultation with stakeholders and produced a report entitled "Optimizing Access to Advanced Cardiac Care: A 10 Point Plan for Action". This report outlines a number of short term steps that are closely linked to longer term strategies aimed at alleviating access disparities as Ontario's adult cardiac centres track toward a target of 110,000 procedures annually by 2007/08.

Four principles guided the development of the plan. They can be summarized as:

1. Where feasible, regional capacity should be matched to regional needs. This long term goal is linked to the short term goal of reducing access disparities by a variety of measures.
2. Patients have the right to be informed of their options in terms of timeliness of care at alternate centres, and to choose where they obtain such services.
3. Broad input and consensus was sought on the action plan development, which was overseen by the CCN Board.
4. Specific local considerations were to be taken into account.

The actions undertaken by CCN's member hospitals include a number of measures to encourage and facilitate the referral of appropriate patients to alternate or more distant centres when this will result in more timely care. A patient preference survey is being carried out to determine the proportion of patients willing to travel further from home for quicker care, and the barriers that they face in doing so. Referring physicians are also being surveyed on their attitudes towards modifying referral patterns to achieve more timely access. By identifying and addressing some of the obstacles

faced by both patient and doctor, we believe that change can be effected in the short term to ensure that wait times are more even across all regions of the province.

The *10 Point Plan for Action* addresses:

- › improving the speed and flow of clinical information between referring physician (or hospital) and the advanced cardiac centres
- › improving processes to help decision-making by patient, doctor and hospitals
- › improving access by short term re-referral at specific locations

Each of the 10 points is under active management and several of the actions will have measurable results to report by Fall 2005.

The CCN Provincial Office team thanks the many individuals and organizations who were involved in the accelerated consultation process. Their contributions of ideas and practical advice have been incorporated in the Plan to balance access to cardiac care. (Pages 42-45 of the Plan list participants.)

Copies of this plan are available on request or at <http://www.ccn.on.ca>

Although overall access to advanced cardiac care in the province has improved during the past several years, relative variations in wait time have emerged. Urgent patients awaiting diagnostic catheterization can encounter a 3-fold variation between the centre with the shortest median wait time and that with the longest. For semi-urgent and elective patients, the variation is nearly 10-fold (see page 9). Despite an overall reduction in wait times for cardiac surgery, a wide proportional disparity exists there as well, with variations ranging from 3 to 10-fold (see page 9).

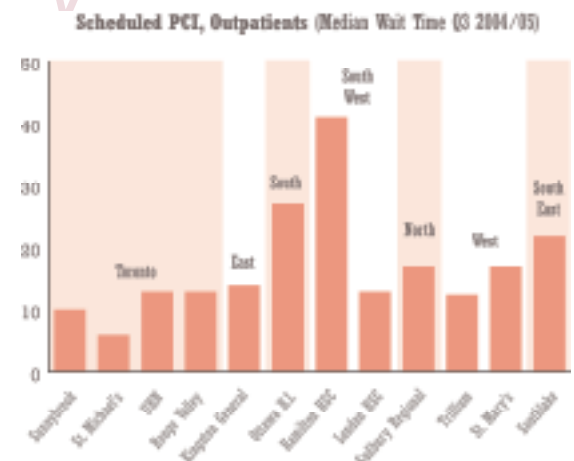
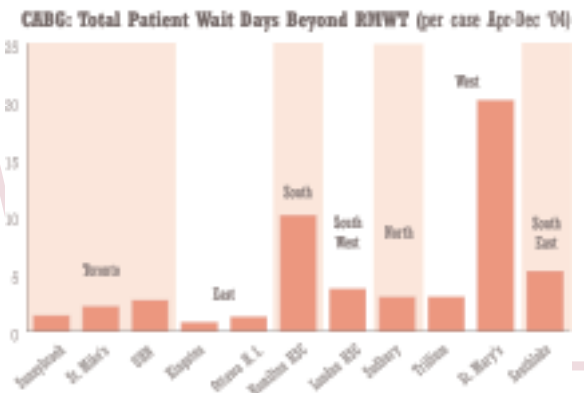
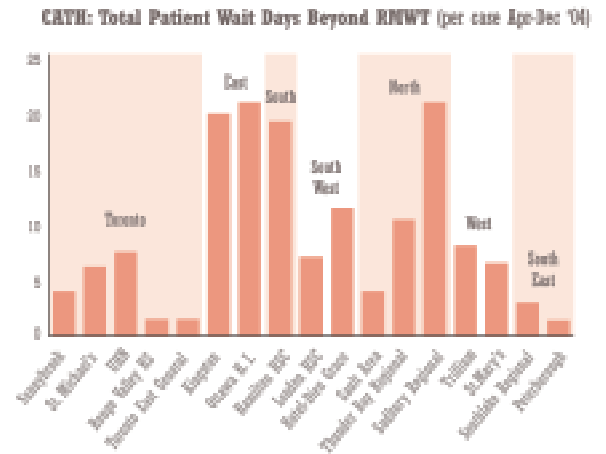
As a part of the transformation agenda of the Ontario government, CCN has been mandated to address regional disparities in access to acute cardiac services in Ontario. This mandate from the Health Results Team of the Ministry of Health and Long-Term Care is expected to result in improvements in equitable, timely access by December 2006.



# 10 Points:

1. Ensure that all patients are informed about potential options for more timely service at an alternate centre.
2. Provide Regional Cardiac Care Coordinators (RCCCs) with more timely and readily accessible information on service availability at other cardiac centres.
3. Provide all stakeholders, including the public, with more timely information on wait times for cardiac services.
4. Report additional wait time and access parameters to more fully characterize disparities in wait time burden.
5. Facilitate non-traditional patterns of referral when this contributes to more timely access to care.
6. Assist patients who already travel long distances in obtaining more timely access to care.
7. Implement specific scheduling processes (e.g., preferential same sitting [ad hoc] PCI) to minimize disruption and avoid repeated travel for patients obtaining care outside their local region.
8. Develop and implement a provincial best-practice guideline for early repatriation of patients to referring hospitals, in order to ease bed pressures in the cardiac centres that may block new referrals. The guideline will also address best-practices for patient preparation prior to transfer in for a procedure, in order to minimize postponements.
9. Facilitate the transfer of digital angiographic images between cardiac centres to speed up the referral process and allow simultaneous review of diagnostic cath images at multiple other centres.
10. Address centre-specific wait time “hot spots” on a centre-specific basis.

## CCN REGIONAL VARIATION DATA



Note: RMWT for scheduled (non ad hoc) PCI will be implemented by CCN in 2005/06

# Volunteers: The Lifeblood of CCN

CCN appreciates the enormous commitment of all volunteers who are involved in many different CCN activities. It is the combined expertise and efforts of these volunteers that keeps CCN in the forefront of wait time management and advice to government.

Thank you all!

## DATA DEFINITION WORKING GROUP

**Jennifer Beamer** RCCC, St. Mary's Hospital, Kitchener  
**Gopal Bhatnagar, MD** Cardiac Surgeon, Trillium Health Centre, Mississauga  
**Anne Crawford** PCI Coordinator, Sunnybrook & Women's, Toronto  
**Jason Cyriac, MD** Cardiologist, Credit Valley Hospital, Mississauga  
**Ross Davies, MD** Cardiologist, University of Ottawa Heart Institute, Ottawa  
**Fernando Diez** Data Analyst, St. Michael's Hospital, Toronto  
**Nancy Elford** RCCC, Toronto East General Hospital, Toronto  
**Nancy Ellis** Data Analyst, Kingston General Hospital, Kingston  
**Ella Ferris (Chair)** Heart & Vascular Program Director, St. Michael's Hospital, Toronto  
**Steven Fremes, MD** Chief of CV Surgery, Sunnybrook & Women's, Toronto  
**Bill Ghali, MD** APPROACH, University of Calgary, Faculty of Medicine  
**François Grenier, MD** Biomedical Physicist, Government of Quebec  
**Veena Guru, MD** Institute for Clinical Evaluative Sciences, Toronto  
**Lyll Higginson, MD** Cardiologist, University of Ottawa Heart Institute  
**Jean-François Marquis, MD** Director Interventional Cardiology, UOHI  
**Steve Miner, MD** Cardiologist, Southlake Regional Health Centre, Newmarket  
**Blair O'Neill, MD** Dir. Cardiac Cath. Lab. New Halifax Infirmary, Nova Scotia  
**Lora Piccinin, RCCC** Hôpital Hôtel-Dieu Grace Hospital, Windsor  
**Mackenzie Quantz, MD** Cardiovascular Surgeon, London Health Sciences Centre  
**Lina Rinaldi** Director Cardiac Services, Trillium Health Centre, Mississauga  
**Jack Tu, MD** Scientist, Institute for Clinical Evaluative Sciences, Toronto  
**Donna Wright** RCCC, Hamilton Health Sciences, Hamilton

### EX-OFFICIO

**Kevin Glasgow, MD** CEO CCN  
**Rachel Solomon** Program Consultant, MOHLTC  
**Terri Swabey** Director of Projects & Liaison, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC  
**Ben Vozzolo** Director of Operations & Business Affairs, CCN

In October 2004, CCN convened the Data Definition Review Working Group. The review purpose is to ensure that all the data fields and definitions in the Cardiac registry are contemporary, clear and consistently applied across all hospital sites. The Working Group, reporting to the CCN Informatics Committee, has broad representation across all CCN stakeholders, and includes CCS Access to Care Initiative, MOHLTC, and other provincial cardiac registries (Quebec, Nova Scotia, Alberta).

## CHART AUDIT GROUP

**Lisa Burlacoff** Trillium Health Centre, Mississauga  
**Sue Collins** University Health Network, Toronto  
**Wynne de Jong** Rouge Valley HS, Scarborough  
**Fernando Diez**, St. Michael's Hospital, Toronto  
**Nancy Ellis** Kingston General Hospital  
**Gianni Gabriele** St. Michael's Hospital, Toronto  
**Veena Guru, MD** ICES  
**Lyll Higginson, MD** University of Ottawa Heart Institute  
**Sheri Mifsud** Sunnybrook & Women's HSC, Toronto  
**Karon Orr** London HSC  
**Kathleen Ott** Thunder Bay Regional HSC  
**Teresa Ottone** University Health Network, Toronto  
**Karen Palmer** London HSC  
**Sue Sayewell** Southlake RHC, Newmarket  
**Kevin Teoh, MD** Hamilton Health Sciences Centre  
**Donna Wright** Hamilton Health Sciences Centre

### EX OFFICIO

**Amanda Dean (Chair)** Director of Clinical Practice CCN  
**Anh Do** Project IT Specialist, CCN  
**Kevin Glasgow, MD** CEO, CCN  
**Joyce Seto** Director of I&IT/ Privacy Officer, CCN

## 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  
**Eric Cohen, MD** Director Cath Lab, Sunnybrook & Women's  
**David Crosby, MD** Cath Lab Director, Hamilton HSC  
**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-François Marquis, MD (Vice Chair)** 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 I&IT/ Privacy Officer, CCN  
**Terri Swabey** Director of Projects & Liaison, CCN  
**Rosalind Tarrant** Program Consultant, MOHLTC

## DATA CLERKS & ANALYSTS

Debbie Cunningham Hamilton Health Sciences  
Georgina Moro Hamilton Health Sciences  
Renee Zimmerman Hotel-Dieu Grace Hospital, Windsor  
Kathy Beaudoin Hotel-Dieu Grace Hospital, Windsor  
Nancy Ellis Kingston General Hospital  
Cheryl Phillips London Health Sciences  
Joanne Fowler London Health Sciences  
Chetna Bhatt London Health Sciences  
Cathy Merucci London Health Sciences  
Amanda Straus University of Ottawa Heart Institute  
Michael Amyot University of Ottawa Heart Institute  
Christine Bohan University of Ottawa Heart Institute  
Susan Ephgrave Peterborough Regional Health Centre  
Elsbeth McCall Peterborough Regional Health Centre  
Monika Bhalla Rouge Valley Health System (Centenary)  
Anna Carpinelli Sault Area Hospital  
Denise Gilmore Southlake Regional Health Centre  
Jennifer Gatis Southlake Regional Health Centre  
Kim Bucholtz St. Mary's Hospital, Kitchener  
Karen Mackie St. Mary's Hospital, Kitchener  
Fernando Diez St. Michael's Hospital, Toronto  
Gianni Gabriele St. Michael's Hospital, Toronto  
Diane Ducharme Sudbury Regional Hospital  
Diane Patry Sudbury Regional Hospital  
Ginny Chak Sunnybrook & Women's  
Rica Cuenca Sunnybrook & Women's  
Kathleen Ott Thunder Bay Regional HSC  
Effie Douvaletas Toronto East General  
Miranda Tam University Health Network, Toronto  
Susan Collins University Health Network, Toronto  
Teresa Ottone University Health Network, Toronto  
Rowena Tran University Health Network, Toronto  
Linda McVety Trillium Health Centre  
Lilian Abela Trillium Health Centre  
Maila Recomanta Calabrese Trillium Health Centre

## OTHER ACKNOWLEDGEMENTS

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Hon. George Smitherman Minister  
Ron Sapsford Deputy Minister  
Hugh MacLeod Associate Deputy Minister  
Mary Kardos Burton Assistant Deputy Minister  
Peter Finkle A/Director, Hospitals Branch  
Peter Biasucci Manager, Priority Programs  
Rachel Solomon Project Manager, Wait Times Strategy



Top:  
Data Clerks and  
Analysts in a Training  
Session conducted at  
CCN Provincial Office

## ARRHYTHMIA MANAGEMENT WORKING GROUP

Renald Carrier Director, Perfusion Services, Hôpital Régional de Sudbury  
Vijay Chauhan, MD Cardiologist, UHN  
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, Kingston General Hospital  
James Swan, MD Cardiologist, Rouge Valley Health System  
Raymond Yee, MD Cardiologist, London HSC

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

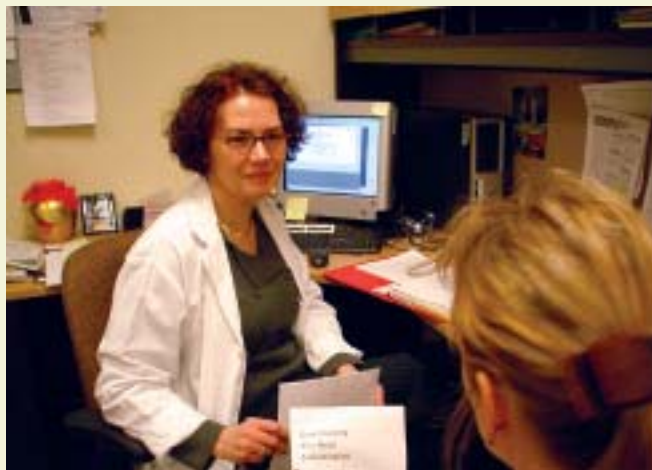
# CCN Standing Committees

## 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, UHN, Toronto  
Connie Cristovao Sunnybrook & Women's, Toronto  
Patricia Daniels (Chair) 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  
Beverly Hill Peterborough Regional Health Centre  
Peggy Holt Winnipeg Regional Health Authority  
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 HSC  
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  
Lynn Sammut Trillium Health Centre, Mississauga  
Corinne Tartaglia Hamilton HSC  
Arlene Thomson Thunder Bay Regional Hospital  
Jennifer White Peterborough Regional Health Centre  
Jane Woods University Health Network, Toronto  
Donna Wright Hamilton HSC

### EX-OFFICIO

Caroline Rafferty Director Clinical Practice, CCN  
Amanda Dean Director of Clinical Practice, CCN  
Kevin Glasgow, MD CEO, CNN  
Joyce Seto Director of I&IT/ Privacy Officer, CCN



### KEY ACTIVITIES WERE :

- 1) Rewriting the patient brochure to inform patients about the collection of personal health information by provincial privacy legislation;
- 2) Completion of the Chart Audit with recommendations for ongoing data quality monitoring;
- 3) Implementation of committee based CQI to incorporate meeting evaluations and standing education sessions.

An improved Patient Brochure was made available through the CCN website. In addition, all member sites ensured the brochure was distributed to patients seen for advanced cardiac services. The Chart Audit results were presented to the Informatics Committee and each of the 17 member hospitals conducts ongoing site specific data quality audits.

CQI initiatives were implemented as part of each RCCC meeting. All changes to data definitions and data collection processes are now vetted through the RCCC Committee.

Above:  
Jane Woods,  
RCCC at University  
Health Network,  
Toronto

Right:  
Clinical Services  
Committee members



## 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  
Yves Leclerc, MD Cardiovascular Surgeon, St. Michael's Hospital, Toronto  
Roberta MacDonald Director of IT, St. Mary's General Hospital, Kitchener  
Frank Markel, PhD MD CEO Trillium Gift of Life Network, Toronto  
Thomas Mathew, MD Cardiologist, Algoma District Medical Group, Sault St. Marie  
Sylvain Plante, MD Medical Director, PCI Program, Southlake Regional Health Centre  
Joseph Ricci, MD Medical Director, Cardiology, Rouge Valley Health System, Scarborough  
Lina 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 HSC  
Arlene Thomson RCCC, Thunder Bay Regional Hospital  
Jack Tu, MD Scientist, Institute for Clinical Evaluative Sciences, Toronto

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Kevin Glasgow, MD CEO, CCN  
Joyce Seto Director of I&IT/ Privacy Officer, CCN  
Dave Ilkka Director of I&IT/ Privacy Officer, CCN  
Rosalind Tarrant Program Consultant, MOHLTC  
Doug Tessier Senior Project Manager, MOHLTC

### KEY ACTIVITIES WERE :

The Informatics Committee improved the monthly approval and reporting processes to provide quicker posting of data.

The Committee oversaw: the activities of the Data Definition Working Group; supported the CCN Chart Audit; adopted recommendations for improvements to the Surveillance form; and provided proactive analysis of CCN's reports highlighting areas requiring attention.

The Committee continues to collaborate with ICES in the analysis of CCN data, as improvements were made to data collection.

On a monthly basis the Committee:

- › Reviewed the wait list statistics from across the province
- › Approved the distribution of statistical reports
- › Provided input into various other CCN committees as needed.



## 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  
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 Regional Hospital  
Thierry Mesana, MD Chief of CV Surgery, University of Ottawa Heart Institute  
Mackenzie Quantz MD Cardiac Surgeon, London HSC  
Sven Pallie, MD Cardiologist, Niagara Health Systems, St. Catharine's  
Chris Simpson, MD Cardiologist, Electrophysiologist, Kingston General Hospital  
Randal Watson, MD Cardiologist, Trillium Health Centre, Mississauga

### EX-OFFICIO

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

### KEY ACTIVITIES WERE :

The Clinical Services Committee (CSC), took a leadership role in the development of the guiding principles for CCN's *10 Point Plan for Action*. The CSC also oversaw the reporting of the interim status of plan to Dr. Alan Hudson and Dr. Peter Glynn. Discussions with the MOHLTC's Medical Advisory Secretariat explored opportunities for collaboration in health technology assessment. The CSC also provided oversight function to the activities of the Arrhythmia Management Working Group and the Cath/PCI Working Group, and the completion and presentation to the MOHLTC of the Stand-Alone Angioplasty Evaluation report.



# WRITING A NEW RX

Medicine has had its doctor for nearly 200 years. Now trying to fix the health care system, writers go to work.

**W**ASHINGTON — On a rainy April morning, a group of doctors and health care workers gathered in a conference room at the University of Toronto. They were there to discuss the findings of a report from the Health Care Quality Improvement Council, a body set up to monitor the quality of care in Ontario's health care system. The report, which was released last week, found that the health care system in Ontario was "not meeting its goals" and that there were "significant gaps" in the quality of care. The report also found that the health care system was "not meeting its goals" and that there were "significant gaps" in the quality of care.



**W**riting a new prescription for the health care system is no easy task. It's a complex job that requires a deep understanding of the system and a willingness to challenge the status quo. The report from the Health Care Quality Improvement Council is a good example of the kind of work that needs to be done. It's a report that is both honest and hopeful, and it provides a clear path forward for the health care system in Ontario.

...and that's the challenge. It's not just about writing a prescription, it's about writing a prescription that will actually be followed. It's about writing a prescription that will actually make a difference. It's about writing a prescription that will actually change the way we think about health care.

MACLEANS'S MAGAZINE, SEPTEMBER 6 2004

In fact, national vision on waiting times is hard to come by even in the areas that do attract scrutiny. Controlling access to high-demand health services is notoriously difficult, and there are few notable success stories. But the Cardiac Care Network of Ontario is often cited as one.

# CCN In The News

## Ontario cardiac care network a model in reducing wait times

By MATT BURNELL

**T**ORONTO — If hospitals in the province are to meet the goals of the Cardiac Care Network of Ontario, they must first address the issue of wait times. The network, which was established in 2002, is a model of how to reduce wait times in a high-demand health service. The network has been successful in reducing wait times for cardiac care in Ontario, and it is being cited as a model for other health services.



The Kevin Glasgow, CEO of the Cardiac Care Network of Ontario

These pressure points for the network. One of the most important is the issue of wait times. The network has been successful in reducing wait times for cardiac care in Ontario, and it is being cited as a model for other health services. The network has been successful in reducing wait times for cardiac care in Ontario, and it is being cited as a model for other health services.

HEALTH SERVICES	Percentage of Ontario who do not wait longer than 10 weeks for care
HEALTH SERVICES	88%
HEALTH SERVICES	85%
HEALTH SERVICES	82%
HEALTH SERVICES	79%
HEALTH SERVICES	76%
HEALTH SERVICES	73%
HEALTH SERVICES	70%
HEALTH SERVICES	67%
HEALTH SERVICES	64%
HEALTH SERVICES	61%
HEALTH SERVICES	58%
HEALTH SERVICES	55%
HEALTH SERVICES	52%
HEALTH SERVICES	49%
HEALTH SERVICES	46%
HEALTH SERVICES	43%
HEALTH SERVICES	40%
HEALTH SERVICES	37%
HEALTH SERVICES	34%
HEALTH SERVICES	31%
HEALTH SERVICES	28%
HEALTH SERVICES	25%
HEALTH SERVICES	22%
HEALTH SERVICES	19%
HEALTH SERVICES	16%
HEALTH SERVICES	13%
HEALTH SERVICES	10%
HEALTH SERVICES	7%
HEALTH SERVICES	4%
HEALTH SERVICES	1%

# Cardiac care that has short

**Waiting From All**  
Hudson's team will use the new report as a baseline to measure the effects of the drive. Up to now, no one in Ontario — neither surgeons nor hospitals — has been responsible for wait times, Hudson said. The Wait Times Strategy places that responsibility on the hospitals, which will get extra funds to reduce waits if they comply with the tracking plan. "You give me the cases, I give you the money," he said. Health Minister George Smitherman applauded the report yesterday. He acknowledged wait times vary widely across the province and said the report will help the government fix that. "We seek to make sure that Ontarians, regardless of where they live, have relatively equal access to the services that we're able to provide," he said. Patients who need services for which there is a backlog in their own area may have to travel to other locations until the province gets things "evened out."



THE TORONTO STAR, APRIL 17 2005



while there are no exact national figures, the association points to Ontario's ratio of one chair per 100,000 people, compared with 150 in the United States. Young people are particularly at risk, says Scott. In fact, it's hard to attract scrutiny. Controlling access to high-demand health services is notoriously difficult, and there are few notable success stories. But the Cardiac Care Network of Ontario is often cited as a surgery one area that has shortened wait times.



THE NATIONAL, SEPTEMBER 10 2004

province, tracking 75,000 procedures a year. Patients can check out the wait times at different hospitals on a website, and are getting the information faster. Still, a number of hospitals have not yet joined the network. The province is providing an opportunity for hospitals to join.



**Tracking cardiac care online: the Cardiac Care Network of Ontario**

In Great Britain, Dr. Paul Clarke, June 10, 2004

The Cardiac Care Network of Ontario (CCNO) was formed in 2000 and has since then become a success story. It is now a network of 17 member hospitals that, through the province's web and data systems, share information on cardiac care services. This information is available to patients, doctors, and other health care providers. The network is also providing information on cardiac care services to the public.

THE LONDON FREE PRESS, OCTOBER 24 2004



CMA FUTURE PRACTICE, FEBRUARY 2005

# surgery one area that has shortened wait times



**Focus: Cardiology • Respiriology • Diabetes**

## Reducing Cardiac Care Wait Time

**By Danny Parks**

Like many hospitals in Ontario, the Trillium Health Centre in Mississauga has a waiting list for cardiac surgery. In August 2004, Trillium was one of the first hospitals in Ontario to join the Cardiac Care Network of Ontario (CCNO). This network allows CCNO to track wait times and share information with other hospitals in the network. This information is used to identify areas where wait times are long and to develop strategies to reduce them.

Trillium Health Centre is a highly experienced center and Director of Cardiac Services at the Trillium Health Centre in Mississauga. Each week, approximately 100 patients get surgery. Access to advanced cardiac procedures at this facility is limited.

Like many hospitals in Ontario, Trillium was one of the first hospitals in Ontario to join the Cardiac Care Network of Ontario (CCNO). This network allows CCNO to track wait times and share information with other hospitals in the network. This information is used to identify areas where wait times are long and to develop strategies to reduce them.

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HOSPITAL NEWS, MAY 2005

In fact, national vision on waiting times is hard to come by even in the areas that do attract scrutiny. Controlling access to high-demand health services is notoriously difficult, and there are few notable success stories.

the network's CEO, suggests the fairness it provides is as important as its speed. "Patients appreciate that there's a system to ensure fairness," Glasgow says. "It's not a matter of who you know or how rich you are."

**CARDIAC CARE NETWORK OF ONTARIO**

4211 Yonge Street, Suite 210

Toronto, Ontario M2P 2A9

T: 416.512.7472

F: 416.512.6425

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