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## Cardiac Physician groups disappointed with Wait time Benchmarks

Ottawa, Ontario Thursday, December 15, 2005 - In response to the federal-provincial announcement this week, the Canadian Cardiovascular Society (the CCS) has expressed disappointment that the benchmarks were limited to the single surgical segment of the full continuum of adult cardiovascular services and procedures. In addition, the announced benchmarks did not reflect the more rigorous and current standards outlined in their recommendations to the Canadian Wait Time Alliance, published in August 2005.

([http://www.ccs.ca/download/CCS\\_wait\\_times\\_e.pdf](http://www.ccs.ca/download/CCS_wait_times_e.pdf) "It's About Time" pp: 68-87)

"Although CABG (cardiac surgery) is an important service, as a result of the changes in technologies and treatments, today, fewer patients require surgery. The single benchmark identified by the federal/provincial governments does not address the needs of the majority of cardiac patients that are waiting for other procedures and treatments which are less costly and less invasive than surgery", said Dr. Blair O'Neill of Halifax, Nova Scotia, who led the expert CCS Access to Care Working Group in developing comprehensive benchmarks.

"CCS members feel this announcement is at best only a very tentative first step which does a great disservice to the many patients waiting at multiple gateways to the cardiac system. It ignores the progress which has been made in revising benchmarks and extending these key measurements across the patient's experience – from first symptom to final rehabilitation," Dr. O'Neill added.

"This week's announcement highlights an extremely limited and increasingly outdated view of the cardiac care system and fails to improve access for patients waiting six months or more for pacemakers, defibrillators and catheter ablation for arrhythmias, valve surgery and other procedures. Benchmarks for cardiac catheterization and angioplasty or stenting have been developed and should be utilized immediately, as these have become the most commonly utilized cardiac procedures. We also have developed wait time targets for cardiac rehabilitation programmes that have not been implemented and as a result we know many patients return to work or give up waiting before space ever materializes," said Dr. Denis Roy, President of the CCS, which represents over 1400 physician providers of cardiac services across Canada.

Two affiliates of the CCS, the (Canadian Association of Interventional Cardiology (CAIC) and the Canadian Heart Rhythm Society (CHRS)), have echoed Dr. Roy's comments. "Patients with blocked arteries are now twice as likely to receive stenting as they are to undergo bypass surgery", said CAIC President Dr. Vlad Dzavik. "It just makes no sense to completely ignore access to the most commonly used procedure". CHRS President Dr. Chris Simpson agrees that the federal-provincial benchmark announcement has completely missed the mark. "We are particularly dismayed that these benchmarks completely ignore a problem that kills 35,000 Canadians every year – sudden cardiac arrest". Dr. Simpson also added that "Patients are waiting far too long for access to implantable cardioverter defibrillators (ICDs), the best therapy we have to prevent death from sudden cardiac arrest".

CCS calls on the federal and provincial governments to extend the wait time benchmarking to all stages of diagnosis, treatment and rehabilitation in order to provide a realistic measurement of the health of the cardiac system and a guideline for improvement in patient access, however they enter the cardiac care system.

*The CCS is the national voice for cardiovascular physicians and scientists. The CCS mission is to promote cardiovascular health and care through knowledge translation, professional development, and leadership in health policy.*

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