

# Widen Focus on Wait Times: CCS President Talks about Access

As the leading killer in North America, heart disease remains a formidable foe for all physicians. Dr. Lyall Higginson, President of the Canadian Cardiovascular Society (CCS), sees access to care as a key battle plan in the fight against coronary artery disease.

The former chief of cardiology for the Heart Institute, Dr. Higginson laid new tracks at UOHI, building on the twin foundations of access to care and education. Under his tenure, the Heart Institute's Division of Cardiology embarked on a range of pioneering activities that have advanced UOHI's reputation for providing the most successful clinical care, educational and training programs in the country.

"It is probably true that our Institute leads the way regarding access to care and our interest in making sure our patients access appropriate care," says Dr. Higginson, who continues his practice at UOHI and was appointed in October 2006 to the two-year position of CCS President. "The Society has taken an initiative to make this a national goal regarding the establishment of benchmarks – for seeing a cardiologist, for non-invasive testing, for cardiac catheterization, and for cardiac surgery."

CCS is the national organization representing some 1,600 cardiovascular physicians and scientists, and serves to promote cardiovascular health and care. CCS wants to ensure that wait times for patients under any government strategy focus on the entire spectrum of health care – from prevention, consultation and diagnosis, through to treatment and rehabilitation.

Dr. Higginson uses the example of the Heart Institute's innovative STEMI protocol to illustrate swift access to care using a team-based approach that includes advanced care paramedics, emergency department physicians, nurses and cardiologists. The STEMI protocol enables

**Benchmark:** • noun 1 a standard or point of reference; a criterion, touchstone. 2 a surveyor's mark cut in a wall and used as a reference point in measuring altitudes.

– *Oxford English Dictionary*

emergency diagnosis and immediate treatment of heart attack patients. The average 'door-to-balloon' time is 63 minutes for Ottawa heart attack patients transported or transferred to the Heart Institute for primary PCI (percutaneous coronary intervention). UOHI's STEMI program has been shown to reduce hospital time and ease the burden on emergency rooms where beds are in extremely high demand. (See STEMI special feature on Page 1)

"One of the best arguments for the STEMI program is utilization of resources," says Dr. Higginson. "A patient can be brought into the Heart Institute and can be out within three days, as opposed to having an infarct (heart attack), getting admitted and staying for a week."

The Canadian Cardiovascular Society has the same ideals – using the best proven new programs and employing them across the country to achieve common patient-centred 'benchmarks,' he adds. "What the Society now is doing is establishing benchmarks across the country. The Canadian Cardiovascular Society's perspective is to look at systems within hospitals just as we have done."

The most common public benchmark for the care and treatment of heart disease is

coronary artery bypass grafting. Wait times are most often cited for this single procedure, which traditionally involves open-heart surgery to bypass clogged arteries, opening the flow of blood and oxygen to the heart.

However, advanced diagnostic technology is critical in providing access to care. This includes diagnostic procedures such as Positron Emission Tomography (PET), echocardiography and, at the Heart Institute, the use of ultra-3D imaging by Computerized Tomography (CT).

The Heart Institute, for example, has the first high-volume sophisticated CT scanner in Canada dedicated to cardiac care. Research at UOHI is currently underway to examine how cardiac CT compares with other diagnostic methods. The technology holds the promise of improving patient care and reducing wait times. The Heart Institute is also home to the National Cardiac PET Centre, which fully opened in 2002, and is the country's only such facility dedicated to cardiovascular disease.

Both CT and PET at the Heart Institute have also been involved in the education and training of young cardiologists. Among them was a young award-winning cardiologist from Japan, Dr. Keiichiro

Yoshinaga, who recently returned home to continue research employing PET imaging. His project included a study, accepted for publication in the *Journal of the American College of Cardiology*, showing that PET imaging can be used to predict the prognosis of referred patients for the purpose of defining the extent of heart disease. Another was cardiologist Dr. Ben Chow, who was also part of UOHI's fellowship program. Dr. Chow today is co-director of Cardiac Radiology at UOHI. He is also leading several diagnostic research projects using advanced cardiac CT imaging.

Another advanced program is the new system of personalized telemedicine that uses home monitoring systems for select UOHI heart patients to ensure they remain healthy and continue to follow care instructions after they are discharged from hospital.

"Telemedicine is another way to access our community," says Dr. Higginson. "The Heart Institute is linked to hospitals across our region by people who know exactly who to call. We're reaching into our community with new programs like these."

Beyond the actual 'mechanics' of telemedicine are myriad Heart Institute training programs to provide regional hospitals with expertise in advanced home monitoring and optimal cardiac care. Soon, the net of STEMI will widen to other area hospitals outside the metropolitan area so that heart attack patients can be swiftly transferred to the Heart Institute for advanced care.

"Cardiac disease is the biggest killer," says Dr. Higginson. "It is the continuum of care that counts for our patients – from initial wait to see a cardiologist to appropriate investigation and appropriate therapy. Each step has a wait time that we must monitor and shorten." 🦋



"A patient can be brought into the Heart Institute and can be out within three days, as opposed to having an infarct (heart attack), getting admitted and staying for a week."

– Dr. Lyall Higginson,  
President of the Canadian Cardiovascular Society

Dr. Lyall Higginson became the new President of the Canadian Cardiovascular Society in October. The CCS represents some 1,600 cardiovascular physicians and scientists in the country.