Leading Cardiovascular Health and Care Excellence
Mission
The CCS is the national voice for cardiovascular clinicians and scientists, promoting cardiovascular health and care excellence through:

• Knowledge translation, including dissemination of research and application of best practices.
• Professional development.
• Leadership in health policy and advocacy.

Vision
Leading cardiovascular health and care excellence.
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The best outcomes for cardiovascular health and care start with a plan of action. The same is true for the well-being of an organization.

How do you get where you want to go? Consider the range of highlights in this CCS annual report. We are proud of those, and even more confident in the successes ahead, as a result of our own well-designed roadmap – the 2015–2018 CCS Strategic Plan.

In creating this plan, we consulted widely with members, stakeholders and industry supporters. We carefully studied the environment in which we operate and the challenges we face.

Throughout the development process, we looked at areas where we do well. We also explored opportunities to make even more of an impact – things like connecting with our sub-specialty groups, and getting system recommendations into the hands of people who can make change happen. Ultimately, we emerged with five strategic priorities.

1. Quality care: Provide leadership and influence on policy and practice through advocacy and education.

   The CCS will have the knowledge and resources necessary for a sustained influence. Stakeholders – like governments, other health organizations and practitioners – will see us as the trusted source for clinical and policy information on quality cardiovascular health/care. All applicable CCS programs will embed an advocacy and/or educational component.

2. Relationships: Focus proactively on partnerships that matter.

   We’ll re-define our relationships with organizations, which includes strengthening how we work with affiliates. With the Heart and Stroke Foundation, we’ll also enhance our working relationship to drive mutual benefits. Finally, the CCS will be an accredited program provider in good standing with the Royal College of Physicians and Surgeons of Canada, with strong programs.

3. Canadian Cardiovascular Congress: Advance the foremost cardiovascular meeting.

   We aim to maintain and build on that status, and see that the CCS and our affiliates achieve a mutually beneficial collaboration regarding CCC. This event will meet the established needs of the CCS, with both content and a meeting structure that exceeds the expectations and requirements of attendees.

4. Membership: Identify, serve and engage our members and prospective members.

   Members of our affiliates will continue to feel a strong sense of community and belonging within the CCS. We will determine the extent to which we’ll broaden the membership base, and continue to engage and grow membership from the cardiovascular community.

5. Evolve the organization to secure a sustainable future.

   Lastly, the CCS will work to secure our long-term financial stability.

   Those are our pillars and signs of success. We know that many of our prior initiatives already fit well with the new plan. We have also identified where there’s work to do to meet our objectives, and turn the plan into action.

Throughout this report, you’ll see much evidence of how our achievements and our strategic plan align.

You’ll learn how we’re engaging members, and they’re engaging with CCS by contributing in large numbers to so many activities. How we’re fortifying relationships with our affiliate groups, and adding new ones. How we’re listening to and supporting trainees. How we’re translating knowledge through an array of vehicles, including our dynamic CCC and professional development programs, and how we’re helping to set standards for care and patient outcomes through effective policy and advocacy efforts.

We want to thank the board, council, staff and members for their contributions to advancing our mission. We have the commitment and the plan to keep leading the way for cardiovascular health and care excellence, today, tomorrow and in the years ahead.

Dr. Heather Ross
President

Anne Ferguson
Chief Executive Officer
A Volunteer Force: Active Members Serving the Cardiovascular Community

Members are the driving force behind the success of CCS programs and services. Each year, these members serve on committees and working groups, review abstracts, write guidelines, act as mentors, submit research, lend their voices to policy issues, and more.

This year marked a significant increase in member engagement. Over 500 CCS members contributed their time, skills and knowledge to CCS.

Why are so many members involved? As they report, it’s about giving back to the profession, and about gaining too. Members get the chance to exercise their leadership, explore new ideas, build a network and collaborate on impactful projects.

Active members not only help to achieve the CCS mission, they grow as clinicians and researchers. That benefits them personally and professionally, and ultimately benefits patients everywhere.

CCS Welcomes Two New Affiliate Societies

As part of the 2015–2018 Strategic Plan, the CCS has renewed a commitment to fostering the growth of affiliate societies groups.

In 2014–2015, the CCS welcomed two new societies: the Canadian Society of Cardiovascular Nuclear and CT Imaging (CSCNCTI) and the Canadian Cardiac Transplant Network (CCTN).

The relationship with the CCS provides 12 affiliates with much more than secretariat services such as dues collection, member recruitment and communications support. Through the CCS, affiliates and...

Collaborating with prominent leaders from across the country on CCS-led initiatives has allowed me, at an early stage in my career, to appreciate the impact that the CCS and its affiliates has on the way we practice medicine and the important role that we, as clinicians, can play in effecting this change. The experience that I have gained from being involved in our society will serve to shape my career for years to come.

Dr. Ansar Hassan
SECRETARY/TREASURER
CANADIAN SOCIETY OF CARDIAC SURGEONS BOARD

The CCS is proud to have over 2,000 valued members, and counting.

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their members have the opportunities to mount events and collaborate with colleagues in the broader cardiovascular community.

For example, the CCS provided the Canadian Society of Echocardiography (CSE) with logistical support, enabling them to deliver the 17th Annual Canadian Echo Weekend in May 2015. This program once again drew record attendance, with 470 delegates. The CCS also supported the Canadian Heart Rhythm Society (CHRS), who offered the 2nd CHRS Annual Meeting for members of the electrophysiology community, in September 2014.

With the help of the CCS, 2014–2015 saw many successful collaborations among affiliate societies. For example, after holding the first Affiliates’ Roundtable, the CCS has included the affiliates in the Congress Advisory Committee (CAC) and facilitated joint affiliate sessions during the 2015 Canadian Cardiovascular Congress (CCC) in Toronto. Yet another successful collaboration was the joint Position Statement by the CCS, Canadian Association of Interventional Cardiology (CAIC), and Canadian Society of Cardiac Surgeons (CSCS) on Revascularization – Multivessel Coronary Artery Disease. It was published in the Canadian Journal of Cardiology in December 2014.

The year ahead will see the CCS foster many more collaborations and deliver vital administrative infrastructure support. This assistance continues to serve our common mandate.

Inspiring Tomorrow’s Cardiovascular Care

Today’s trainees are the future of cardiovascular health and care in Canada – and are a critical part of the CCS.

Trainees, across all cardiovascular disciplines, are the second largest member segment of the CCS. The CCS values and understands their importance by ensuring trainee representation on all CCS Standing Committees.

A dedicated CCS Trainee Committee meets regularly to discuss the needs of trainees, develop resources to help meet them, and plan the Annual Cardiovascular Trainee Day at CCC. That event, attended by 250-plus trainees annually, is considered to be one of the highlights of the CCC.

By seeking and considering the input of trainees, and serving their requirements, the CCS helps to build the foundation for the next generation to succeed in the profession.

Being a member of the CCS has enriched my career by building bridges with colleagues all across the country. This large family opened the door to my involvement in plenty of programs, as well as to being a collaborator and investigator in over 100 multi-center trials. My involvement with the CCS has been material to each step of my professional development.

Dr. Simon Kouz
CCS COUNCIL MEMBER

I joined the Canadian Cardiovascular Society’s Trainee Committee a few years ago to be part of a motivated and diverse group of trainees that are working to create links among different Canadian faculties. More specifically, through my work as head of the website working group, we are trying to develop a large database of useful information that could be used, shared and developed by trainees in Canada and elsewhere. Hopefully, through our work, we will succeed in developing an online community of trainees willing to work together and to develop common projects now, and in the future, that will help the Canadian Cardiovascular Society, and the population as a whole.

Dr. Nicolas Thibodeau-Jarry
TRAINEE COMMITTEE MEMBER
### 2014–2015 Membership Services Committees and their Chairs

We recognize the important role the following committees and their members played in successfully delivering our programs over the last year:

- **Adult Cardiology Trainee Review Program**
  - Dr. Michael Froeschl

- **Cardiac Surgery Trainee Review Program**
  - Dr. Frédéric Jacques

- **Membership Committee**
  - Dr. Ross Davies

- **Pediatric Cardiology Trainee Review Program**
  - Dr. Kenny Wong

- **Trainee Committee**
  - Dr. Sanjog Kalra

- **2014 Trainee Day Planning Committee**
  - Drs. Sanjog Kalra & Matthew Chamberlain

### Affiliate Societies and their Presidents

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<tr>
<th>Society</th>
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<th>Website</th>
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</thead>
<tbody>
<tr>
<td>Canadian Adult Congenital Heart Network (CACHnet)</td>
<td>Dr. Ariane Marelli</td>
<td><a href="http://www.cachnet.org">www.cachnet.org</a></td>
</tr>
<tr>
<td>Canadian Association of Interventional Cardiology (CAIC)</td>
<td>Dr. Eric Cohen</td>
<td><a href="http://www.caic-acci.org">www.caic-acci.org</a></td>
</tr>
<tr>
<td>Canadian Cardiac Transplant Network (CCTN)</td>
<td>Dr. Michael McDonald</td>
<td><a href="http://www.ccs.ca/cctn">www.ccs.ca/cctn</a></td>
</tr>
<tr>
<td>Canadian Cardiovascular Critical Care Society (CANCARE)</td>
<td>Dr. Rakesh Arora</td>
<td><a href="http://www.cancaresociety.com">www.cancaresociety.com</a></td>
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<tr>
<td>Canadian Heart Failure Society (CHFS)</td>
<td>Dr. Jonathan Howlett</td>
<td><a href="http://www.ccs.ca/chfs">www.ccs.ca/chfs</a></td>
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<tr>
<td>Canadian Heart Rhythm Society (CHRS)</td>
<td>Dr. L. Brent Mitchell</td>
<td><a href="http://www.chrsonline.ca">www.chrsonline.ca</a></td>
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<tr>
<td>Canadian Nuclear Cardiology Society (CNCS)</td>
<td>Dr. Ross Davies</td>
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<td>Canadian Pediatric Cardiology Association (CPCA)</td>
<td>Dr. Christina Templeton</td>
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<td>Canadian Society for Cardiovascular Magnetic Resonance (CanSCMR)</td>
<td>Dr. James White</td>
<td><a href="http://www.canscmr.org">www.canscmr.org</a></td>
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<td>Canadian Society of Cardiac Surgeons (CSCS)</td>
<td>Dr. Louis Perrault</td>
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<td>Canadian Society of Echocardiography (CSE)</td>
<td>Dr. Chi-Ming Chow</td>
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<td>Canadian Society of Cardiovascular Nuclear and CT Imaging (CSCNCTI)</td>
<td>Dr. Ross Davies</td>
<td><a href="http://www.ccs.ca/cscncti">www.ccs.ca/cscncti</a></td>
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</table>

For more information, or to join a CCS affiliate society, contact membership@ccs.ca.
The CCS is an invigorating organization with a depth and quality of leadership that is palpable. As trainees, we would expect to take a back seat to such a cast. The degree to which our leadership seek and expect our participation and perspective in the various positions we hold within the CCS is empowering. I have had the great pleasure of serving on the CCS Journal Committee and the Trainee Committee, and have been made to feel welcomed and relevant. This year, I am most proud of our work on Trainee Day. As the Clinical Co-Chair, I have had the privilege of guiding an excited group of talented and dedicated professionals. We can’t wait to share the day with our colleagues from across the country this fall in Toronto.

Dr. Dimitrios Tsirigotis
TRAINEE DAY COMMITTEE MEMBER
Knowledge Translation

At CCS, knowledge translation (KT) is about bridging the gap, among people and between concepts and practice. KT provides opportunities to share and distill information, and it turns what we know, into what we do – all to advance cardiovascular health and care.

Our programs follow an iterative model of assessment, development, delivery, and evaluation. Employing a network of clinical experts, KT initiatives cut across five major areas:

1. The Canadian Journal of Cardiology (CJC)
2. The Canadian Cardiovascular Congress (CCC)
3. Guideline and Position Statement Development
4. Guideline Knowledge Translation Programs
5. Continuing Professional Development Programs

The Canadian Journal of Cardiology

The CCS is proud to support the Canadian Journal of Cardiology (CJC), which continues to grow in stature as a vehicle for the international dissemination of new knowledge in cardiology and cardiovascular science. Over the last year, the CJC has:

- Promoted six newsworthy articles in press campaigns, including “Should Hospitals Keep Cardiac Catheterization Labs Open on Weekends?”, and “Dangers of Adolescent Energy Drink Consumption for the Heart”;
- Been recognized by Elsevier as publishing five of their top 25 downloaded cardiology papers in 2014.

In the 2015 CJC survey, CCS members expressed a strong appreciation for the work of Editor-in-Chief Dr. Stanley Nattel (whose contract was renewed for another five-year term) and the Editorial Board. They, and the CJC Committee will continue to make the publication even more valuable by acting on suggested changes, focused on improving content for cardiology sub-specializations and continuing to improve the quality of papers published.

According to the latest release of the Journal Citation Reports by Thomson Reuters, the CJC’s impact factor for 2014 is 3.711. The impact factor measures the average number of citations received in a particular year by papers published in the journal during the two preceding years. The number of articles published each year has more than doubled since the CCS purchased the Journal in 2010. In that time, citations have increased and the impact factor has gone up three-fold. CCS Guidelines have made particularly important contributions and are widely cited and downloaded. Two notable examples are:

- 2012 Update of the Canadian Cardiovascular Society Guidelines for the Diagnosis and Treatment of Dyslipidemia for the Prevention of Cardiovascular Disease

I have had the great privilege of working with thought leaders from across Canada who have shown remarkable insights into the task of translating clinical studies into practical management strategies. The rigour of the debates, the wide diversity of perspectives and the ultimate convergence on what is essential and relevant is a real educational process and a lot of hard but fulfilling work. The consistent and overriding focus on improvement in cardiovascular care for our patients through our society’s initiatives is personally a major source of pride.

Dr. John Mancini
CCS DYSLIPEMIA GUIDELINE PANEL MEMBER
Collaboration with experts and leaders within the Canadian Cardiovascular Society is essential to ensure that guidelines and statements produced by the society are timely, high quality and effective.

Dr. Sean McMurtry
CCS GUIDELINES COMMITTEE CHAIR
AND CCS ATRIAL FIBRILLATION
GUIDELINE PANEL MEMBER

in the Adult which received 153 citations in 2014 and 5,139 downloads in 2013; and

• Focused 2012 Update of the Canadian Cardiovascular Society Atrial Fibrillation Guidelines: Recommendations for Stroke Prevention and Rate/Rhythm Control which received 238 citations in 2014 and 2,057 downloads in 2013.

Over the next year, the CCS will also improve the international visibility of the CJC by working with highly-regarded international associate editors, while at the same time maintaining the relevance of this knowledge dissemination KT tool within the Canadian cardiovascular community.

The Canadian Cardiovascular Congress

Over 575 research studies, 33 interactive workshops, 20 educational partners and 3,500 delegates – it all added up to another successful Canadian Cardiovascular Congress (CCC) in Vancouver in 2014.

CCC remains Canada’s premier national meeting on cardiovascular health and care. The educational sessions include plenaries, lively debates, abstracts, clinical cases, accredited symposia and special lectures. CCC 2014 also presented three guidelines and two position statements.

In 2014, the support for CCC grew as a result of a redesigned package creating new support opportunities and establishing a set of criteria for recognizing total contributions to the meeting. Our sponsors contribute educational grants, facilitate accredited symposia, and attend educational sessions. We recognize the important contributions made by our highly valued supporters.

The CCC has been building its digital presence with an app (available on iOS, Android and web platforms) that proved to be the most effective tool for navigating the Congress. See what’s happening at the meeting and get the latest news on research being presented, highlighted speakers, and interesting sessions when you follow us on Twitter (@SCC_CCS) and Facebook.

Guidelines and position statements published and presented in 2014–2015:

• The 2014 Heart Failure Guideline Focused Update on New Therapies, Biomarkers and Anemia Management.
• The 2014 Atrial Fibrillation Guideline Focused Update.
• The CCS Guideline on the Diagnosis and Management of Stable Ischemic Heart Disease.
• The CCS Position Statement on Familial Hypercholesterolemia.
• The CCS/CAIC/CSCS Position Statement on Revascularization – Multivessel Coronary Artery Disease.

Guidelines and position statements under development for publication and presentation in 2015–2016:

• The Heart Failure Companion: Bridging Guidelines to Your Practice.
• The Atrial Fibrillation Guidelines Companion: A Practical Approach to the Use of the CCS Guidelines.
• Dyslipidemia Guidelines 2015 Update: Diagnosis and Treatment of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult.
• CCS Guideline on Peri-Operative Assessment for Non Cardiac Surgery.
The integration of education offered by the CCS through interaction with the CCSA; the review and accreditation of programs and the actual delivery of knowledge; and useful guidelines places the CCS at the cutting edge of continuing professional development. I am delighted to be a part of this process.

Dr. Vic Huckell
CPD COMMITTEE MEMBER AND SIHID PRIMARY PANEL MEMBER
This type of collaboration results in recommendations in the cardiovascular field that are grounded in science, evidence-based as well as are from consensus amongst leaders in cardiovascular care. Collaboration fosters a sense of unity amongst cardiovascular researchers and clinicians, where the common goal is to deliver the best possible patient care, produce high-quality guidelines and consensus documents that in many instances have garnered international attention, and promote excellence in research in the field.

Dr. Ratika Parkash
ATRIAL FIBRILLATION GUIDELINE PANEL MEMBER
Guideline Knowledge Translation

The CCS helps Canadian cardiovascular health professionals integrate the guidelines into patient care through the development of accredited case based workshops and handy reference tools.

In 2014–2015, our cross-discipline guideline panels developed and delivered workshops to over 1,500 practitioners at various events – CCC 2014, Arrhythmia Update, ACC Rockies, Family Medicine Forum, Toronto Heart Summit, and the Heart Failure Update.

We increased our presence in family practice through booths at primary care meetings, a new guidelines newsletter, and broader distribution of pocket guides. Through mail outs, regional meetings and help from our industry supporters, we distributed over 60,000 of these guides in 2014–2015.

From slide decks to clinical forms, and compendiums to smart phone apps, we are continually working to improve both the usefulness of our tools and channels for dissemination and awareness.

For example, the well-received Heart Failure Recommendations Compendium tool will become the foundation for a comprehensive guideline document. It will encompass all nine heart failure updates into one chapter-based online “living” guideline document.

For ease of use, we merged our five most popular guideline apps into one app called iCCS. It contains guideline summaries; introductory videos; clinical calculators; useful drug tables; clinical trial summaries; and a comprehensive library of guidelines and pocket guides. iCCS brings all the latest guidelines on heart failure, atrial fibrillation, antiplatelet therapy, dyslipidemia, and drive/fly together in one convenient tool.

RCPSC Accredited Continuing Professional Development for Cardiovascular Professionals

As an accredited provider of the Royal College of Physicians and Surgeons of Canada, the CCS through its Continuing Professional Development (CPD) Committee strives to meet the highest standards of medical education for cardiovascular professionals in Canada.

The CPD Committee works with innovative partners to develop and deliver relevant and timely accredited programs for our members and the medical community. In 2014–2015, through the hard work of members, the CCS accredited over 30 face-to-face meetings, webinars, online programs, and self-assessment programs for Royal College MOC credits.

In the spirit of continuous improvement, the CPD Committee seeks to ensure that accredited programs meet the highest quality by:

• identifying and managing external influence of commercial interests;
• basing programs on needs assessments;
• achieving an appropriate balance of scientific evidence; and
• evaluating the achievement of outcomes across a range of competency domains.

In 2014, the CCS submitted an extensive report to the Royal College on how CCS CPD activities adhere to their standards for accredited providers. We are pleased to report the CCS was granted a five-year extension to our status as an accredited provider until December 31, 2019.
Health Policy Leadership and Advocacy

It takes more than excellence in clinical abilities and research to improve standards of care and patient outcomes across Canada. Leadership in health policy and advocacy also makes a difference.

In making that a priority, the CCS can point to several key achievements over the last year:

• Hosted the first annual Cardiac Quality Collaborative meeting during CCC 2014.

• Collaborated with the Wait Time Alliance for the 2014 Annual Report to promote cardiac access and wait times issues.

• Supported a CCS member-led submission to the Canadian Institutes of Health Research to evaluate Transcatheter Aortic Valve Implantation (TAVI) wait times across Canada.

• Developed pamphlets to help patients make smart and effective choices to ensure high-quality care.

• Started developing the first CCS Quality Report with a focus on TAVI.

There is tremendous value in working with the CCS on its various committees like the Choosing Wisely Committee and the Health Policy and Advocacy Committee. The CCS is committed to improving the lives of patients with cardiovascular disease and ensuring the profession is delivering the highest quality care to Canadians along with supporting innovation in care delivery. Working with the CCS on these important initiatives allows me to contribute to improving the health of my patients and all Canadians.

Dr. Sacha Bhatia
CCS CHOOSING WISELY CANADA CHAIR

Setting the Standards for Quality

Progress in our field comes from following evidence-based practices, which in turn is informed by national reporting on cardiovascular care. The CCS plays a lead role in achieving these goals through the Quality Project (formerly known as DDQI and BRIDGE). It has improved standardization and evaluation of cardiovascular care across Canada. Over just the last year, the Quality Project has:

• Hosted the Cardiac Quality Collaborative meeting during CCC 2014. It brought together key stakeholders from across Canada to discuss the opportunities and challenges associated with national quality evaluation.

• Completed sets of quality indicators for Cardiac Surgery, Percutaneous Coronary Intervention (PCI) and TAVI in consultation with the Canadian and international cardiovascular communities.

Dr. Anita Asgar
QUALITY PROJECT TAVI WORKING GROUP
• Started work on a Data Element Compendium to bring the existing data elements and definitions into a single, harmonized document for easier access by Canadian cardiovascular registries.
• Communicated with international leaders in quality reporting – including the UK National Institute for Cardiovascular Outcomes Research (NICOR) and The ACC National Cardiovascular Data Registry (NCDR) – to determine best practices for producing the first physician-led quality report on cardiovascular care in Canada.
• Started developing a CCS Quality Report, which will highlight the quality of TAVI care across all 26 centres that perform this procedure in Canada.
• Hosted a live webinar through the Conference Board of Canada to communicate the development of the Quality Project to the public.

The CCS is committed to implementing consistent standards across Canada around how data is compiled and indicators are calculated. This will continue to involve working closely with ministries of health, provincial data registries, and key stakeholders to sustain this initiative.

A Focus on Choosing Wisely
How can physicians and patients engage in conversations about unnecessary tests, treatments, and procedures? That’s Choosing Wisely.

Choosing Wisely Canada is a campaign to do just that. The CCS has been a key part of this campaign, which is led by a group of sponsors – the Canadian Medical Association, University of Toronto, the Ontario Government and supported by several national specialty societies.

In 2013, the CCS released a list of “Five Things Physicians and Patients Should Question” as part of the campaign. Over the last year, under the leadership of Dr. Sacha Bhatia, the CCS Choosing Wisely Committee has:

• Developed two information pamphlets for patients, including ECG (Electrocardiogram): When you need it – and when you don’t and Heart tests before surgery: When you need an imaging test – and when you don’t.
• Held a public policy session at CCC 2014 to inform the community of these new recommendations, and encourage cardiovascular physicians and scientists to engage in a discussion about appropriateness of tests;
• Surveyed CCS members to gather information from cardiologists on their level of awareness towards the campaign and their attitude towards the cardiology-specific recommendations.

The CCS will continue to work with the Choosing Wisely Canada campaign to help physicians and patients make the choices that support the best possible care.

The CCS initiative of developing quality indicators is changing the way we practice medicine, by emphasizing the quality of care that we provide our patients. It has been a great experience for me to be part of the team involved in developing the PCI quality indicators. I have learned a lot from every individual that I have collaborated with during this process and I sincerely believe that regular reporting of quality indicators will help us in providing excellent care to our patients. It is just the beginning and there is a long road ahead. The only way to success is to continue with great teamwork and strong collaboration with all the stakeholders involved. I would like to thank CCS for providing me the opportunity to be part of this process.

Dr. Ata Quraishi
CCS PCI QUALITY INDICATOR COMMITTEE MEMBER
I believe the outcome data process has fostered the research careers of multiple cardiovascular colleagues, and highlighted the importance of clinical and financial accountability in how we adopt new technology.

Dr. Merril Knudtson
2014 ANNUAL ACHIEVEMENT AWARD RECIPIENT
Each year, the CCS recognizes the outstanding achievements of individual Canadians and Canadian organizations that contribute to cardiovascular health and care. The annual CCS Awards give members the opportunity to recognize current and future leaders in various areas of cardiovascular medicine. The 2014 CCS Award recipients were honoured at a ceremony during the 2014 Canadian Cardiovascular Congress in Vancouver.

**2014 CCS Award Recipients**

- **Annual Achievement Award**
  - Dr. Merril Knudtson
- **Research Achievement Award**
  - Dr. Stuart Connolly
- **Distinguished Teacher Award**
  - Dr. Normand Racine
- **Trainee Excellence in Education Award**
  - Dr. James McKinney
- **Young Investigator Award – Basic Science Category**
  - Dr. Filio Billia
- **Young Investigator Award – Clinical Science Category**
  - Dr. George Thanassoulis
- **Young Investigator Award – Clinical Science Category Runner-up**
  - Dr. David A. Wood
## Financial Statements

April 1, 2014 to March 31, 2015

### Summary of Operations

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<td>Net Assets</td>
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CCS President Dr. Heather Ross speaks to the Senate Committee on social affairs
CCS Executive and Council 2014–2015

Executive

Dr. Heather Ross
President
Toronto, ON

Dr. Ross Davies
Secretary
Ottawa, ON

Dr. Ken Gin
Member at large
Vancouver, BC

Dr. Mario Talajic
Past President
Montréal, QC

Dr. Christopher Buller
Treasurer
Toronto, ON

Council

Dr. Anne Fournier
Montréal, QC

Dr. Nadia Giannetti
Montréal, QC

Dr. Camille L. Hancock
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