2018
Year in Review
Message from the President

A strong foundation and new energy fuels the CCS

When your cup is half full, times of change represent times of opportunity. Year 2018 marked significant milestones and transitions for the Canadian Cardiovascular Society (CCS), as we played to our strengths and began reshaping our future. The fabric of CCS is the networking that leads to a sense of belonging by our members, and our programs and events reflect our commitment to serving the membership to foster this. The Society continued to demonstrate strong leadership in cardiovascular health and care excellence. In 2018, through the volunteer commitment of our members, we released three sets of guidelines and two position statements, and to support uptake, we launched an innovative e-Guidelines website. Not only do these resources support practice excellence, but they also feed the steady rise in impact factor of the Canadian Journal of Cardiology (CJC) and drive participation at the Canadian Cardiovascular Congress (CCC). In line with the ongoing development of the CJC, this summer also marked the appointment of Dr. Michelle Graham as Editor in Chief for the new CJC Open and the launch of the CJC Open submission portal. We anticipate growth as our partner journals develop to complement each other and further round out how the CCS supports members in clinical practice and academic pursuits.

Our commitment to offering an engaging and relevant CCC was evident. Those who joined us in Toronto in October 2018 felt the energy that comes from a dynamic program, new program elements and enthusiastic learners in every seat. The corridors bustled with conversations, ideas and plans for new projects. Our strong partnerships with the European Society of Cardiology and the American College of Cardiology were well-profiled through joint symposia at our annual meeting, as well as at theirs.

The Quality Project reflects a priority in focus on clinical excellence, and member volunteer commitment to improving outcomes for our patients. Six committees were active, inspired as their efforts began to demonstrate that constructive conversations can stem from national quality reporting. The next cycle of regional-level reports are under development in key areas including TAVI and PCI. The project also gained attention at the federal level with strong support from bureaucrats and members of parliament. Following compelling presentations to the federal standing Committee on Finance by Dr. Catherine Kells, we have continued to advocate for funding in the 2019 federal budget, a crucial turning point that will determine the scope and sustainability of the program.

Mid-year, after 15 years at the Society’s helm as CEO, Anne Ferguson retired. Anne oversaw enormous growth and strengthening of our Society. Then, in October, Dr. Catherine Kells completed her term as President. These determined leaders championed our 2015–2018 Strategic Plan, strengthening partnerships and programs to position the CCS for a secure and sustainable future. Their work set the stage for our new CEO, Dr. Carolyn Pullen, who returned to the CCS after seven years away. Carolyn brings experience and energy that will help us achieve our goals in the next stage of our development. As President, I am excited to be working with Carolyn and our new Council as we develop our plan for the future. As our planning unfolds, my commitment to members and partners is to be consultative and inclusive so we co-develop an inspiring vision for a future in which you want to be involved.

On behalf of the CCS, I express my sincere gratitude to Council, staff, and members for your contributions throughout 2018 to advance our mission. I am confident that with your support we can nurture the right cardiovascular health community to bring the CCS to new heights in the years to come.

Andrew D. Krahn, MD, FRCPC, FHRs, FCCS President

CCS 2018 Year in Review
Contributing to our Community

41 Committees and Working Groups

510 Members engaged

Membership

Regular Members: 1256
Life Members: 177
Semi-Retired: 9
Members-in-Training: 625
Students of CCS: 167
Associate Members: 21

Investing in our Future

As the second largest CCS member segment, trainees are the future of cardiovascular care in Canada.

The active Trainee Committee of 32 members focuses on meeting the needs of those training in the profession. Leadership for this critical work has been passed from the able hands of Dr. Dimitrios Tsirigotis to Dr. William McIntyre.

Recognizing our Leaders

122 Fellows of CCS

175 Members involved in Guideline and Position Statement development

319 Recognition Awards since inception

7 in 2018

$400,000 Provided for trainee and early career investigator research

“To be a member of the CCS is to be connected to like-minded individuals across the country. Through this society, we have the opportunity to network with people across all subspecialties, geographies and career stages. We live in a big and diverse community, but once a year, for four days, everyone comes together for Congress. It’s a way to connect with colleagues old and new; to celebrate achievements and to plan for the year ahead. Whether you are a trainee, a physician, a researcher or any combination thereof, you realize that we are all working to improve cardiovascular health and we are all part of one big family. There’s nothing else like it.” – William McIntyre, CCS Trainee Representative
The CCS actively supports the growth and development of the subspecialty areas of cardiology. These subspecialty groups through their networks and dedicated members contribute to strengthen the overall advancement of cardiovascular health and care in Canada.

The CCS’ relationship with its affiliate societies allows for closer collaboration on programs and services to the cardiovascular community.

More than 65% of CCS members belong to at least one of the affiliate societies.

**CCS’ Growing Community**

**CCS Affiliates**
- Canadian Adult Congenital Heart Network
- Canadian Association of Interventional Cardiology
- Canadian Cardiovascular Critical Care Society
- Canadian Cardiac Transplant Network
- Canadian Heart Rhythm Society
- Canadian Pediatric Cardiology Association
- Canadian Society of Cardiac Surgeons
- Canadian Society of Echocardiography
- Canadian Heart Failure Society
- Canadian Society of Cardiovascular Nuclear and CT Imaging
- Canadian Society of Cardiovascular Magnetic Resonance

**CCS Partnerships**

August 2018 – The CCS and Heart & Stroke renew Memorandum of Understanding.

™The heart and / Icon on its own and the heart and / Icon followed by another icon or words are trademarks of the Heart and Stroke Foundation of Canada.

The CCS partnerships with the ESC and ACC continue to strengthen our relationships.

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**2017**

- **November**
  - CCS released comprehensive CCS Heart Failure Guidelines

**2018**

- **December**
  - Federal Finance Committee recommends Quality Indicators funding

- **January**
  - CCS applies Royal College National Standards for CPD accreditation

- **February**
  - Launched e-Guidelines website
Continuing Professional Development

CCS Implemented New Royal College National Standards for CPD accreditation.

Canadian Cardiovascular Congress

- 2,469 delegates
- 530 first-time CCC delegates

Continued Growth – New Programs

- Introduction of live Section 3 MOC
- Launch of CCC2018Live offering Section 1 MOC – attended by delegates around the world
- Affiliate Limelight sessions

This year, the CCS accredited 27 educational programs for a total of 169.5 MOC credits.

- 305 sessions
- 786 presenters/speakers
- 365 abstract presentations

- 94% of delegates were satisfied, or entirely satisfied

- October 21 – #CCCTO reaches Top 5 Trending Topics in Canada

- 27 countries represented

- Australia, Austria, Bangladesh, Belgium, Brazil, Canada, Chili, China, Costa Rica, Finland, France, Hong Kong, India, Iran, Ireland, Italy, Korea, Netherlands, Pakistan, Philippines, Qatar, Saudi Arabia, Spain, Switzerland, United Arab Emirates, United Kingdom and the United States

- 8% increase in trainee and student registrations

- 92% of delegates agree science was good to excellent

- First-time CCC delegates

- Presenters/speakers

- Abstract presentations

2018

March
- The CCS/ACC joint session at ACC.18: Adult Congenital Disease
- CJC launches monthly podcasts

April
- 2018 CCS/CAIC Antiplatelet Therapy Guidelines Focused Update published in the CJC

May
- CJC Readership Survey reveals high engagement with new journal-related initiatives

June
- CJC Open announces Editor-In-Chief, Dr. Michelle Graham and Editorial Board members
- CJC archives go digital and the website receives over 25,942 average monthly visits
Quality Care

“CCS helps me keep up to date with my educational needs through CJ C (and now CJ C Open), publication of Canadian guidelines, and the Canadian Cardiovascular Congress.” – Ken Gin

Providing leadership and influence on policy and practice through advocacy and education.

**Guidelines and Position Statements**

Guideline updates published on **Heart Failure, Antiplatelet Therapy** and **Atrial Fibrillation**

Position statements published on **Familial Hypercholesterolemia** and **Screening of Competitive Athletes**

- Development process engaged over **250** volunteers, including over **175** CCS members!
- **13** topics currently under development for publication in the next two years

**NEW**

- New **e-Guidelines** website provides improved online access to guideline content
- CCS Guidelines TV videos have over **12,000** viewers
- iCCS Guideline app has over **7,000** loyal users
- 50,000 Guideline pocket guides delivered to Canadian practitioners in 2018
- Live workshops helped educate more than **5,000** specialists and primary care physicians

**2018**

- **July**
  - The CJC achieves a new Impact Factor high of 4.524

- **August**
  - The CCS/ESC Joint Symposium ESC 2018: The Future of TAVI

- **September**
  - Dr. C. Kells appears before House of Commons Standing Committee on Finance to present the CCS Quality Project.
  - Launch of CJC Open submission portal and website
Quality Care

“Currently, many cardiologists and cardiovascular surgeons in Canada have no clear way of evaluating how their patient outcomes compare to those of their colleagues locally, provincially or nationally. As a result, they have no way to identify gaps in care, learn from their peers, or improve the delivery of care in an evidence-based way.” – Catherine Kells, MD, FCCS, CCS Past-President

October
• CCC 2018 held in Toronto and welcomes 2,469 delegates
• Launch of HF guideline educational videos on CCS “Guidlines TV” YouTube channel CJC
• CJC Open accepts its first article

November
• 2018 Focused Update of CCS Atrial Fibrillation Guidelines published in the CJC
• CCS members deliver four CCS Guidelines workshops at CFPC’s Family Medicine Forum

December
• CCS and CHRS publish joint position statement on Cardiovascular Screening of Competitive Athletes
• CCS Position Statement on Familial Hypercholesterolemia: Update 2018 published in the CJC
• Federal Finance Committee recommends Quality Project funding
2017–2018 Financial Summary

March 31, 2018

(Based on the 2017–2018 Audited Financial Statement)

Statement of Operations
Revenue $5,726,036
Expenses $5,578,336
Surplus $147,700

Statement of Financial Position
Assets $6,201,757
Liabilities $2,348,228
Net Assets $3,853,529
Total Liabilities and Net Assets $6,201,757

Detailed financial statement available upon request to the CCS.

Financials at a glance

Revenue
- CJC 7%
- Governance 8%
- Management of others (CCSA, Affiliates) 8%
- Membership 11%
- HPA 2%
- CPD 9%
- CCC 47%

Expenses
- Administration 1%
- Governance 11%
- Management of others (CCSA, Affiliates) 11%
- Membership 8%
- HPA 5%
- CPD 9%
- CCC 35%
- KT 8%