

LEADERSHIP
KNOWLEDGE
COMMUNITY



Canadian Cardiovascular
Society

Société canadienne
de cardiologie

2007 was a year of growth and improvement for the Canadian Cardiovascular Society as we continue to build programs and services that fulfill our mission and meet the needs of our membership. We are halfway through our 2007-2010 strategic plan and we have made remarkable progress in our key priority areas of Knowledge Translation, Membership and Health Policy Advocacy.

Knowledge Translation for the CCS is about providing opportunities to translate what we know into what we do in practice. We make this connection by hosting the Canadian Cardiovascular Congress, our Heart Failure Knowledge Translation Program, developing and publishing position statements and guidelines, The Canadian Journal of Cardiology and being a Royal College of Physicians and Surgeons of Canada (RCPSC) accreditor for professional development programming. In 2007, Congress drew over 3700 delegates to Québec City. This year, we expect over 4000 in Toronto. This meeting has become the premiere cardiovascular educational and scientific event in Canada due to the incredible commitment of our members each year. Congress' success will be further assured with active involvement from CCS Affiliates and technological innovations that will improve the delegate experience in 2008 and beyond.

Continuing Professional Development programming is a core member service. Under the direction of Simon Jackson, CCS CPD Chair, we launched a series of online accredited programs through the CCS Advancing Cardiovascular Health website. Our Heart Failure Knowledge Translation program is now recognized as an innovative knowledge translation initiative. We are now looking at ways to continue this successful program over the long term.

CCS strives to actively engage all members including trainees, community cardiologists and our affiliates. In 2007, we invested in a community cardiology needs assessment. The CCS Canadian Perspective Program, chaired by Milan Gupta, resulted from this process. This program provides insight on how findings presented at other international conferences can affect and/or be applied to Canadian clinical practice. We have held two successful accredited events and we anticipate high

attendance at the next session in Toronto. Look for more community cardiology programming over the coming months.

Cardiovascular Trainees, through the CCS Trainee Committee develop programming to meet their unique needs. For three years, we've held successful Trainee Review Programs for Adult and Pediatric Cardiology Trainees. These programs have an average participation rate of over 90%. In 2008, we introduced the Cardiac Surgery Trainee Review Pilot Program. Hats off to the excellent faculty that contribute their time and make these "must attend" events for Canadian cardiovascular trainees.

CCS continues to build its role as the voice for cardiovascular professionals through key projects such as the Canadian Heart Health Strategy and Action Plan, dissemination of the CCS Access to Care Benchmarks for Cardiovascular Services and Procedures and the development of CCS Standards of Training and Competency. For the past two years, CCS has been active on various committees of the Canadian Heart Health Strategy and Action Plan. This stakeholder driven initiative is anticipated to be released soon and will go a long way in addressing the growing burden and loss due to cardiovascular disease in Canada. Our Standards of Training and Competency initiative involves working with our affiliates to develop much needed standards for training in specific areas.

CCS thrives and accomplishes so much of what we set out to do because of the tireless contribution of many members and dedicated staff. CCS contributes significantly to cardiovascular care in Canada. We look forward to continuing the momentum we have achieved, meeting our members' needs and making great things happen through the CCS!

MESSAGE FROM THE PRESIDENT AND CEO



Lyall Higginson
President



Anne Ferguson
Chief Executive
Officer

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LEA^DERSHIP



Training for Leadership

The MBA from Harvard that he tucks into his pocket with his other degrees has shown Gilbert Tang another side of medicine. As chair of the Trainee Day Planning Committee for 2008, he was able to influence the agenda with his vision.

"I want trainees to expand their mindset towards interdisciplinary care, creative ways to fund research, commercialization of science, and leadership in health care beyond Canada," he says. "These issues are dear to my heart."

Tang sees a future where all trainees will be leaders in one capacity or another. He and the committee designed the sessions to set the trainees' minds thinking on how they may do this in the future while getting fresh insights on becoming cardiac practitioners and scientists in the present. In fact, finding exciting yet relevant topics, big-name speakers and fresh networking opportunities with which to attract attendees became Tang's personal goal.

"Being an organizer for Trainee Day sharpened my leadership, time management and team-playing skills," he says. "And as a trainee, I got to network with thought leaders and young presenters to explore new career opportunities. That's invaluable for someone who wants to know more about what's happening across Canada in cardiovascular medicine."

Tang's MBA plays a big part in his professional development. He thinks more broadly about health care now: about population health, infrastructure, about working with industry to channel innovations to the bedside, about collaborating with business leaders, foundations and other constituents to affect other parts of the world... It is to these areas of health care that he would like to bring his leadership skills and business experience, starting by giving back to the Society.

"The Society helped me to network with leading clinicians and scientists," he says. "Now, I'd like to participate in a committee. Perhaps be the trainee representative on the Council. Or something to do with policy or management..."

Tang also credits his MBA for opening the doors to the future.

"It got me to think big, to push myself forward," he says. "That's the vision I see for this year's Trainee Day. I hope the program reflects that."

Gilbert Tang

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Members in Training

There are a total of 561 trainees (residents, basic science trainees and students) within the CCS' membership. All residents enrolled in a Canadian cardiovascular training program (pediatric, adult cardiology and cardiac surgery) are automatically members of the CCS. We recognize the importance of offering programs and services tailored to meet the needs of trainees as they progress through their training.

Each year at Congress, we host a Trainee Day and Trainee Luncheon that comprises of sessions and workshops to meet the unique needs of trainees.

The highly successful Trainee Review Programs (TRPs) for Adult Cardiology, Pediatric Cardiology and new this year for Cardiac Surgery have been extremely well received. The TRPs' are preparation programs for the Royal College of Physicians and Surgeons of Canada qualifying exams.

Community Cardiology Initiative

The Community Cardiology Initiative was a pivotal project in engaging Canada's community cardiologists. Results of the study have provided important feedback for the CCS in creating programs and services to meet the growing needs of these members such as the Canadian Perspectives Program.

Canadian Cardiovascular Society Academy

We continue to sponsor the Canadian Cardiovascular Society Academy, which provides programs targeted to future professionals and encourages promising young individuals to consider a career in cardiovascular medicine through the Have a Heart Bursary Program.

The Have a Heart Bursary Program supports 15 students annually to attend Congress.

MEMBERSHIP

	2003	2004	2005	2006	2007
Regular Members	776	771	812	841	917
Honorary Members	4	4	4	3	3
Life Member	175	162	198	199	206
Members-In-Training	354	329	449	460	561
Associate Members	8	8	14	14	16
Total	1317	1274	1477	1517	1703

Strength in Numbers - Over the past year the CCS membership has grown to over 1700 valued supporters.

CCS Affiliates and Presidents

It's important to recognize, bring together and engage our vast and diverse community and sub-specialty organizations. We do this through continuous collaboration and offering support to CCS Affiliates by providing them with administrative services and structure.

- o Canadian Association of Interventional Cardiology, Erick Schampaert
- o Canadian Heart Rhythm Society, Martin Gardner
- o Canadian Nuclear Cardiology Society, Terrence Ruddy
- o Canadian Pediatric Cardiology Association, Reeni Soni
- o Canadian Society of Cardiac Surgeons, Chris Feindel
- o Canadian Society of Echocardiography, Bibianic Cujec

2007-2008 Committees and Working Groups, Chair

Adult Cardiology Trainee Review Program, Simon Jackson

Canadian Perspectives Planning Committee, Milan Gupta

Cardiac Surgery Trainee Review Program, Gideon Cohen

Community Cardiologist Committee, Milan Gupta

Membership Committee, Roy Masters

Pediatric Cardiology Trainee Review Program, Kenny Wong

Trainee Committee, Mohammad Albanna

Trainee Day Planning Committee, Gilbert Tang

Canadian Cardiovascular Congress

Each year, the annual Congress is our forum to showcase Canada's best cardiovascular research and promote learning through scientific sessions, interactive workshops, late-breaking and featured clinical trials and lively debates. Congress 2008 is paving our way to a greener meeting; a major step toward this has been the introduction of a fully online registration process.

2008 Canadian Cardiovascular Congress (*as of close of submission)

- o 1009 Abstracts submitted*
- o 7 Late-Breaking and Featured Clinical Trials submitted*
- o 62 Exhibitors registered
- o 28 Interactive Workshops (2 French Workshops)
- o 18 Accredited Satellite Symposia

Professional Development

To reach more members of the cardiovascular care community, CCS launched a series of educational programs through the CCS AdvancingIn Cardiovascular Health Web site. The online programs incorporate interactive learning through case-study analysis, best practices, "Ask the Expert" discussion panels, self-assessment tools, and supporting video content and resources.

- AdvancingIn Cardiovascular Health website
- 39 CCS (Section 1) Accredited Programs offered from April 2007-March 2008

Heart Failure Guidelines

CCS is firmly committed to establishing, promoting and assessing evidence-based recommendations for treating heart failure. In January 2008, we published another guideline update in The Canadian Journal of Cardiology. This year, the topic was "Best Practices for the Transition of Care of Heart Failure Patients and the Recognition, Investigation and Treatment of Cardiomyopathies." Interactive, case-based workshops continue to be held across Canada to provide practitioners with a forum to learn, discuss, obtain tools and update their knowledge of heart failure.

- o 9 Workshops held in 7 cities across Canada for 2008
- o Over 3000 healthcare professionals have attended regional workshops to date

2007-2008 Committees and Working Groups, Chair/Co-Chairs

Affiliates at Congress Task Force,
D George Wyse

CCC Joint Oversight Committee,
CCS Vice-Chair;
J Malcolm Arnold

Congress Advisory Committee,
CCS Co-Chair;
J Malcolm Arnold

Continuing Professional
Development Committee,
Simon Jackson

Final Program Working Group,
D George Wyse

Guidelines Committee,
Heather Ross

Jewel Document Working Group,
Charles Kerr

Local Arrangements
Committee, Co-Chairs,
Sherryn Levinoff-Roth, Vivek Rao

Scientific Program Committee,
Rob SB Beanlands

KN^{OW}LEDGE
TRANSLATI^{ON}

Working for the Guidelines for the Members

Five years ago, when Heather Ross became a member of the Society's Council, she agreed to chair the Guidelines committee for the Consensus Program.

"When I was studying for cardiology exams, I thought that if I knew the evidence-based medicine from the Guidelines, I'd be fine," she remembers. "They're one of the Society's most recognizable brands and one of the most valuable things we do for members."

The Guidelines are documents that define the standards of practise of evidence-based cardiology in Canada. The committee's objective in developing them is to promote their uptake, dissemination and implementation by health care practitioners.

One guideline—the closed loop model for heart failure—is an iterative work-in-progress. The committee conducts an annual, members-based evaluation that drives the following year's update.

The committee also oversees position statements on pertinent issues: for example cardiovascular risks for children taking stimulant medication. One thing is certain, the output is the end result of a huge amount of work by many, many people. As chair, Ross's responsibilities included organizing and overseeing their activities.

"I'm only one woman on a huge team," says Ross. "None of this would be possible without the incredible input from committee members and key people on the medical side."

Indeed, from building and writing the documents to developing workshops to get the information out, slide kits, pocket guides, a web-based program, the Guidelines represent a mountain of work.

The Guidelines have successfully looked at the needs of the end user, development, dissemination through multimodal and multifaceted programs. However, Ross concedes that the committee does not yet know if the Guidelines are changing practice at the patient level.

"We're meeting the needs of our members, we're being innovative and we're recognized for that. I think it's worked. Just that one piece still remains. It's our biggest challenge."

Within the year, Ross will rotate off the Council and the committee to leave room for new blood and new ideas. "I'm quite sad about that," she says. "It's been an amazing ride!"

Heather Ross

"I'm only one woman on a huge team," says Ross. "None of this would be possible without the incredible input from committee members and key people on the medical side."

West Elevators
Exit to Main Lobby

KNOWLEDGE



HEALTH POLICY/ ADVOCACY

CCS Benchmarks for Access to Cardiovascular Care

During the past year, we've energetically promoted awareness and adoption of our benchmarks by focusing on our patients' journeys through the continuum of care. This has included CCS representation and presentations at numerous national venues. Our Society has continued to participate as a member of the Wait Time Alliance of Canada. Last May, the WTA called on governments to adopt our evidence-based benchmarks. Their presentation to the federal Standing Committee on Health was in response to a statutory review of government progress in implementing the "10-Year Plan to Strengthen Health Care."

Canadian Heart Health Strategy and Action Plan (CHHS-AP)

In its second year, CCS continues to actively participate in this national initiative with the Heart and Stroke Foundation of Canada and the Canadian Institutes of Health Research. The results are soon to be released and will highlight the importance of the cardiovascular healthcare continuum in Canada. This project has involved many of our members who have participated on the Steering Committee and Working Groups.

Standards for Training and Competency

Another strategic priority calls for us to lead the facilitation and consensus of new or updated standards of training and maintenance of competence in subspecialty areas of cardiology. This is a vital undertaking for the ultimate benefit of both our patients and our profession. The importance of engaging a broad range of stakeholders at various stages is clearly recognized and will be an integral component of this project as the activities of this working group will continue into next year.

2007-2008 Committee and Working Group, Chair/Co-Chairs

Standards of Training and Competency Working Group, Catherine Kells

Standing Committee on Access to Care, Blair O'Neill and Christopher Simpson

CCS Award Recipients!

It is our honour to recognize the significant contributions of the men and women in the cardiovascular field. We celebrate our colleagues' achievements at the CCS Awards Ceremony held during the 2008 Canadian Cardiovascular Congress.

Dr. D George Wyse -
Annual Achievement
Award Recipient

Dr. Ernest Leo Fallen -
Distinguished Teacher
Award Recipient

Dr. Milan Gupta -
Dr. Harold N. Segall
Award of Merit Recipient

Dr. Jean-Claude Tardif -
Research Achievement
Award Recipient

Dr. Kapil M Bhagirath -
Trainee Excellence in Education
Award Recipient

Dr. Alexander Kulik -
Young Investigator
Award Recipient

Dr. Davinder Jassal -
Young Investigator Award,
Runner Up Recipient

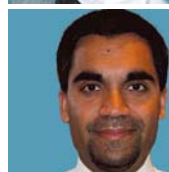
2007-2008 Committees and Chairs

CCS Nominations and Awards
Committee, Denis Roy

Research Achievement Award
Selection Committee, John Cairns

To be announced at the 2008 CCS Awards Ceremony
– Dr. Robert Beamish Award Recipient

Nominations for next year's CCS awards may be
submitted in March 2009 at www.ccs.ca.



2008 CCS AWARD RECIPIENTS

A middle-aged man with glasses, wearing a white lab coat over a light blue shirt and a red patterned tie, stands with his arms crossed in a hospital room. He is smiling slightly. The background shows medical equipment, including monitors and a surgical light fixture.

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Care in the Community

At Edmonton's Royal Alexandra Hospital—the largest non-surgical cardiac centre in central and northern Alberta—Dr. William Hui, Chief of Cardiology, and his team see patients from a catchment area that includes the Northwest Territories, northeast BC, the Yukon, Nunavut and Saskatchewan.

Hui's research on angiogram/angioplasty has made the ordeal of being sick and travelling easier for those long-distance patients.

Through years of experience and collaboration with referring physicians, Hui and his team eliminated the wait for a bed in Edmonton by flying heart patients directly from outlying hospitals into the cardiac cath labs for an angiogram. If the angiogram shows that angioplasty is required, it is usually done at the same time. Patients not needing angioplasty are flown back to their hospital by the same crew who brought them in.

In the past, an angiogram could not be booked until the patient had seen a cardiologist, and logistic and theoretical risk considerations often prevented angioplasty right after the angiogram. For patients from outlying hospitals, this meant long waits and two to three trips by air ambulance.

"We were confident that we could help our referring physicians to accurately identify patients who need angiograms, and that we could proceed directly with angioplasty after angiogram, where necessary," says Hui.

Comparisons revealed similar results between fly-in patients and the Royal Alexandra's patients: wait-times are shortened, the risk of complications reduced and the availability of beds improved. This all-in-one approach is convenient for patients, easier on the families, redefines best practices and promotes efficiency.

Too often, believes Hui, processes are standardized and few people question whether there may be a better way. His research is often based on questions to which he cannot find answers in published literature.

Not long ago, a patient called to thank Hui profusely for the quality of life he had enjoyed since his procedure. The patient was incapacitated by a problem in a small artery in the heart that was difficult to access.

"In those days, people wouldn't attempt such a procedure," says Hui, "but I was prepared to put in a stent if he accepted the risk. He called on the 10th anniversary of the operation. That made my day!"

William Hui

"We were confident that we could help our referring physicians to accurately identify patients who need angiograms, and that we could proceed directly with angioplasty after angiogram, where necessary,"

Executive Committee and Council

Lyll A Higginson,
President

Charles R Kerr,
Vice-President

Denis Roy,
Past-President

Milan Gupta,
Treasurer

Roy G Masters,
Secretary

Heather J Ross,
Member-at-Large

Mohammad Albanna,
Trainee Representative

Chris EH Buller,
Council Member

Renzo Cecere,
Council Member

William KK Hui,
Council Member

Simon Douglas Jackson,
Council Member

Lorrie Kirshenbaum,
Council Member

Brian McCrindle,
Council Member

Thomas G Parker,
Council Member

James A Stone,
Council Member

Mario Talajic,
Council Member

Ex-Officio Members

Anne Ferguson,
Chief Executive Officer

J Malcolm Arnold,
CCS Annual Meeting Chair

Rob SB Beanlands,
Chair Scientific
Program Committee

Sherryn Levinoff Roth,
Co-Chair; Local
Arrangements Committee

Vivek Rao,
Co-Chair; Local
Arrangements Committee

Eldon R Smith,
Editor-in-Chief, Canadian
Journal of Cardiology

GOVERNANCE

CCS Past Presidents

2004-06 Denis Roy (Montréal)

2002-04 David Johnstone (Halifax)

1999-02 Ruth L Collins-Nakai (Edmonton)

1998-99 Hugh E Scully (Toronto)

1996-98 Peter M Olley (Edmonton)

1994-96 Peter R McLaughlin (Toronto)

1992-94 Gilles R Dagenais (Montréal)

1990-92 Eldon R Smith (Calgary)

1988-90 Wilbert J Keon (Ottawa)

1986-88 John O Parker (Kingston)

1984-86 E Douglas Wigle (Toronto)

1982-84 Anthony R Dobell (Montréal)

1980-82 Richard E Rossall (Edmonton)

1978-80 Robert N Anderson (Halifax)

1976-78 Ronald J Baird (Toronto)

1974-76 T Edward Cuddy (Winnipeg)

1973-74 Lucien Campeau (Montréal)

1971-72 Wilfred G Bigelow (Toronto)

1968-70 Robert E Beamish (Winnipeg)

1966-68 David R Murphy (Montréal)

1964-66 Robert S Fraser (Edmonton)

1963-64 Irwin M Hilliard (Toronto)

1961-62 W Ford Connell (Kingston)

1958-60 Paul David (Montréal)

1957-58 Francis A Mathewson (Winnipeg)

1955-56 George F Strong (Vancouver)

1953-54 Harold N Segall (Montréal)

1951-53 John Hepburn (Toronto)

1950-51 John McEachern (Winnipeg)

1949-50 John A Oille (Toronto)

1947-49 Cecil C Birchard (Montréal)

CCS Staff

Anne Ferguson -
Chief Executive Officer

Andrea Lee -
Finance and Administration Officer

Carolyn Pullen -
Director, Knowledge Translation

Cathy Curtis -
Executive Assistant, CEO

Christina Wood -
Associate Director, Congress

Holly Fan -
Communications Manager

Jennifer Lalonde -
Program Manager,
Knowledge Translation

Kimberley Ross -
Logistics and Accreditation Officer

Kim Kingsbury -
Executive Assistant,
Knowledge Translation

Linda Palmer -
Associate Director, Membership
Services and Trainee Programs

Louise Marcus -
Director, Health Policy and Advocacy

Lynn Taylor -
Administrative Assistant, Membership
Services and Trainee Programs

Pierrette Hotte -
Abstracts and Membership
Services Co-ordinator

Susan Oliver -
IT and Webmaster

FINANCIAL HIGHLIGHTS

Financial Statement:
April 1, 2007 – March 31, 2008

Summary of Operations

Revenue	\$ 4,850,328
Expenses	\$ 4,244,756
Excess of Revenue over Expenses	\$ 605,572

Summary of Financial Position

Assets	\$ 3,947,042
Liabilities	\$ 2,127,508
Surplus (Deficit) at Year-end (Net Assets)	\$ 1,819,534
Total	\$ 3,947,042

Complete financial statements and the auditor's report for fiscal year April 1, 2007 to March 31, 2008 are available to any CCS Member upon request.



* Photo courtesy of Edmonton Tourism

Edmonton

October 24-28, 2009

Canadian Cardiovascular Congress

Canadian
Cardiovascular
Congress



Congrès canadien
sur la santé
cardiovasculaire