

## Cardiac Surgery in New Brunswick: A Growing Need

Dr. Marc Pelletier, Clinical  
Department Head, Cardiac Surgery



The Department of Cardiac Surgery at the New Brunswick Heart Centre has provided New Brunswickers with the opportunity to have surgery within their

own province for over 17 years. Approximately 650 open heart surgeries are performed yearly most of them involving coronary bypass surgery or valve repair and replacement surgery. Over the past few years, the number of patients on the waiting list at any given time has varied between 50-60 patients. However, since September 2007, the wait list has progressively increased to number over 120 patients (May 2008). The number of surgeries performed has not changed, but reasons for the rapid growth in the waiting list include repatriation efforts by the NB Heart Centre, the addition of a 3rd cardiac catheterization lab, and the advancing age of a large percentage of the New Brunswick population.

In order to address the growing wait list, several measures have been undertaken. In February of 2008, a proposal was sent to the Department of Health, requesting assistance to help the NB Heart Centre in its efforts to perform more surgeries so that New Brunswickers will have their operations performed within acceptable wait times. Talks are

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## Access to Cardiovascular Surgery Services at the NB Heart Centre

Janine Doucet, Access Coordinator

In April 1991, the New Brunswick Heart Centre (NBHC) opened its doors for cardiovascular surgery (CVS) services allowing New Brunswick residents to remain in their home Province for cardiac surgery. Many of the first patients to undergo cardiovascular surgery at the NBHC had their preliminary testing done outside the Province and were grateful to have the opportunity to undergo required CVS much closer to home.

Dr. James Parrott was instrumental in laying a robust program foundation upon which the current CVS program functions and continues to expand. Dr. Rand Forgie joined the NBHC team in August 1991 followed by Dr. Craig Brown in May 1993, both providing Dr. Parrott with support to further expand CVS services and increase the number of surgeries performed.

For various reasons, demand for CVS did not increase in the last decade<sup>1</sup>, which allowed CVS services to maintain patient access to services with 14 dedicated weekly slots for scheduled surgeries. As well, prior to the opening of the 3rd cardiac catheterization laboratory in May 2006, many patients were being referred out of Province for interventional cardiology procedures and subsequent CVS services creating an artificial reduction in demand for CVS services at the NBHC. With the 3rd cardiac catheterization laboratory, access to interventional cardiology services within the Canadian Cardiovascular Society (CCS) guidelines<sup>2</sup> was quickly achieved. Sequentially, the number of referrals for CVS also increased. In the fall of 2007, Dr. Marc Pelletier joined the NBHC team as chief of CVS as Dr. James Parrott retired. At around the same time, NBHC personnel were seeing patients being repatriated to the centre



that were previously being referred outside the Province.

Wait time data for access to CVS services are collected by the NBHC access management personnel. Concerning trends began to emerge demonstrating a growing need for CVS services. This translated into an

increasing number of patients waiting for cardiac surgery and wait times for access to this service extending beyond CCS recommended benchmarks<sup>3</sup>. The information provided in table A (also available online<sup>4</sup>), provides information on access to CVS per urgency category **for patients who have already had their surgeries completed**. The information demonstrates that many outpatients, regardless of their urgency rating category, waited beyond recommended CCS benchmarks for accessing services. Furthermore, the monthly average of patients waiting on the queue has increased from 77 in the 4th quarter of 2006 to 123.3 in the 2nd quarter of 2008, an increase of 37.6 %. For information concerning those **patients waiting in the queue for CVS services**, please refer to the information provided in table B. This information also demonstrates that the majority of outpatients waiting in the community for CVS have already exceeded recommended CCS benchmarks.

NBHC personnel recognize the importance of addressing the current issue as it is expected that demand for CVS services will continue to increase at rates that could be even greater than what has been experienced in the past. According to Statistics Canada<sup>5</sup>, the Atlantic Provinces host the highest percentage of senior citizens and New Brunswick seniors make up 14.7% of our Province's population.

*Continued on page 2...*

## Wait Time for Cardiovascular Surgery October 2006 to June 2008

Based on the Canadian Cardiovascular Society (CCS) Wait Time Benchmarks for Cardiac Surgery

MM Graham, ML Knudtsen, BJ O'Neill, DB Ross, Canadian Cardiovascular Society Access to Care Working Group.  
Treating the right patient at the right time: Access to cardiac catheterization, percutaneous coronary intervention and cardiac surgery. Originally published in Can J Cardiol 2006;22(8):679-683.

Time Frame	Cases Completed	Recommended Maximal Wait Time (RMWT)									Patients Waiting
		Emergency + Urgent Inpatient 0-7 days			Urgent Outpatient 0-14 days			Non-Urgent Outpatient <6 weeks			
		Monthly Average	Median Wait (days)	90th Percentile Wait (days)	Surgery Within RMWT	Median Wait (days)	90th Percentile Wait (days)	Surgery Within RMWT	Median Wait (days)	90th Percentile Wait (days)	
Oct - Dec 2006	54.3	5.5	9	82.6%	29	136	18%	59.5	131	41.7%	77
Jan - Mar 2007	58.3	6	9	80.6%	38	62	11.1%	72	146	26.6%	55.3
Apr - June 2007	58	6	9	79.5%	65	98	0%	57	158	38%	66.3
July - Sept 2007	48.7	6	8	82.3%	57.5	66	0%	79	147	25.5%	77
Oct - Dec 2007	54.3	5.5	9	82.6%	29	136	18%	59.5	131	41.7%	95
Jan - Mar 2008	57.3	6	9.2	79.6%	74	137.8	7.4%	79	155.9	23.4%	119.7
Apr - June 2008	62.7	5	8	84.3%	48	86.2	21.7%	100.5	205.4	7.9%	123.3

### Note:

- Based on the published CCS benchmarks for cardiovascular services and procedures.
- Each urgency category is reported as determined by the cardiovascular surgeon responsible for the patient.
- Wait time starts upon acceptance of both the surgeon and patient that surgery is the best treatment option.

### Column 1:

Represents the three month time frame during which the data in the following columns was collected.

### Column 2:

Represents the average number of patients who had cardiac surgery at the NB Heart Centre each month over a three-month period.

### Column 3 -11:

**Analysis of Patient Cases Completed**  
- Displays wait time data for those patients who underwent cardiac surgery in the specified three-month period. Waiting times are measured from the completion of the consultation with the cardiac

surgeon and the patient accepting to proceed with cardiac surgery. A Recommended Maximal Wait Time (RMWT) is calculated based on the urgency category assigned by the cardiac surgeon.

### Columns 3, 6 & 9:

**Median Wait (days)** - Represents the wait time (in days) in which 50% of patients waited less than the time indicated, and 50% waited longer than the time indicated for access to cardiac surgery services.

### Columns 4, 7 & 10:

**90th Percentile (days)** - Represents the wait time (in days) in which 90% of patients waited less than the time

indicated, and 10% of patients waited longer than the time indicated for access to cardiac surgery services.

### Columns 5, 8 & 11:

Represents the % of patients who underwent cardiac surgery within the RMWT.

### Column 12:

Represents the average number of patients waiting in the queue for a cardiac surgery at the end of each month, over a three month period.

Table A

Table B

## Cardiovascular Surgery Outpatient Wait List Data Based on CVS Wait list on May 31st 2008

All surgeons by Urgency Category

Urgent		Semi Urgent		Elective	
<14days, or wait time assigned based on Surgical Patient Registry urgency rating tool		>14days <28days, or wait time assigned based on Surgical Patient Registry urgency rating tool		>28days<6weeks, or wait time assigned based on Surgical Patient Registry urgency rating tool	
14 names on list		48 names on list		52 names on list	
92.9% have already exceeded maximum recommended wait time.		87.5% have already exceeded maximum recommended wait time.		89.6% have already exceeded maximum recommended wait time.	
Median	Mean	Median	Mean	Median	Mean
43.5days	64.1days	56.5days	75.7days	92.5days	99.1days

## Access to Cardiovascular Surgery Services at the NB Heart Centre

Continued from cover.

Considering that the incidence of coronary artery disease increases with age<sup>6</sup> as does the incidence of diseases such as aortic stenosis<sup>7</sup>; it is not unreasonable to project future increases in demand for CVS services. Furthermore, the dramatic increases in the prevalence of both overweight and obesity in the Canadian population<sup>8</sup> and the link between obesity and early onset of diseases such as coronary artery disease<sup>9</sup> suggests that the healthcare system may also be faced with a younger generation of patients requiring services such as CVS.

In conclusion, the NBHC will continue to provide transparency in access to CVS through ongoing communication of wait time data to all stakeholders.

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Heart Beat

Contact us by e-mail: [nbhc@reg2.health.nb.ca](mailto:nbhc@reg2.health.nb.ca).

Visit our website: [www.ahsc.health.nb.ca/Programs/NBHC](http://www.ahsc.health.nb.ca/Programs/NBHC).

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# Endovascular Aortic Stent Grafting

Kian Mostafavi MD , Vascular Surgery, Saint John Regional Hospital



During the last decade there have been significant advances in the practice of vascular surgery globally. The introduction of endovascular procedures has increased therapeutic options, allowing us to individualize interventions based on vascular anatomy

and pre-morbid conditions. Endovascular Aneurysm Repair (EVAR) was first reported in 1991 by Dr. Juan Parodi a vascular surgeon in Buenos Aires, Argentina. Through collaboration between Interventional Radiologists Darren Ferguson, Brian Archer and Vascular Surgeons Jerry Stiles and Andrew Sherwood, Saint John Regional Hospital performed its first endovascular stent graft in 2004.

Based on large randomized studies EVAR has been endorsed by the Canadian Society for Vascular Surgery as primary therapy for patients with suitable aortic anatomy, who are at intermediate or high risk for open surgery. It is estimated that approximately 60% of patients

have suitable aortic anatomy for the placement of standard infrarenal aortic endografts.

More recently the *Zenith Fenestrated AAA Endovascular Graft* (Cook Medical) has been developed for the treatment of juxta-renal aortic aneurysms. These are aneurysms with short necks not amenable to conventional endovascular repair. Saint John Regional Hospital is one of a few centers in North America approved by Cook Medical for independent utilization of these endografts. Our success can be attributed to the tireless efforts of our nursing teams, radiology technologist and anesthesia support. Ongoing efforts will hopefully enable us to meet our focus in providing excellence in care by embracing clinically proven advances in technology.



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ongoing, and we are hopeful that surgical capacity will increase by approximately 100-150 patients each year. We have already increased the surgical volume by 2 cases per week since May 1st, using existing resources, albeit with significant strain on existing staff. During the summer of 2008, the usual "summer slow-down" has been cancelled in order to perform more surgeries, where 14 cases per week will continue to be performed, instead of the usual 10 cases per week as in previous summers. A 4th cardiac surgeon, Dr. Daniel Wong, will spend 3 months at the NB Heart Centre, from July to September, in an effort to help increase the number of surgeries performed. We are hopeful that these measures, in addition to ongoing discussions with the Department of Health, will allow for the much needed increase in capacity that we are currently experiencing.

## New Physician joins the NB Heart Centre

### Dr. Robert S. Stevenson

Dr. Rob Stevenson was born and raised in Fredericton attending French Immersion and graduating from Fredericton High School in 1986. He attended the University of New Brunswick in Fredericton, where his education was interrupted by a four year hiatus to train and compete full-time in the equestrian sport of Eventing. He represented Canada at the 1992 Olympics in Barcelona, Spain, and returned to school in 1993.

While attending medical school at Dalhousie University an interest in cardiovascular medicine developed through research with Drs. David Murphy and Drew Armour. He completed a residency in Family Medicine in the Dalhousie (Fredericton) program and during that period rotated through the Saint John Regional Hospital on a number of occasions becoming fascinated with Cardiac Rehabilitation and General Cardiology. He continued his residency training with Internal Medicine and then onwards to the Dalhousie Cardiology



training program in 2005. Areas of special interest that he pursued throughout his training included cardiac rehabilitation, therapeutic hypothermia (cooling) post cardiac arrest, and most recently heart-healthy hospital cafeterias. He recently co-authored an article on this subject in the *Canadian Medical Association Journal* titled *Frying up hospital cafeteria food* (Freedhoff and Stevenson, 2008).

His clinical duties will include the usual aspects of clinical cardiology with a special interest in the Cardiac Rehabilitation programs at the SJRH and across the province with Cardiac Rehab New Brunswick.

Outside of the hospital his time will be spent with wife Suzanne and their first child Grace, continuing to participate in equestrian sport, training, coaching and hosting competitions on their farm in Lower Jemseg.

*Reference: Freedhoff, Y. and Stevenson, R. (2008). Frying up hospital cafeteria food. CMAJ 2004; 179(3): 213. Retrieved from <http://www.cmaj.ca/cgi/content/full/179/3/213>*

## Cardiac Rehabilitation Clinic in Saint-Quentin

The personnel of the NB Heart Centre wishes to extend their congratulations and best wishes to the Regional Health Authority 4 on the opening of their cardiac rehabilitation clinic at the Hôtel-Dieu Saint-Joseph in Saint-Quentin.

# 18th Annual Cardiovascular Symposium September 18 to 20, 2008

Dr. David Bewick, Chairman

The New Brunswick Heart Centre's **18th Annual Cardiovascular Symposium on Current Perspectives in Cardiovascular Disease**, chaired by Dr. David Bewick, will be held September 18 to 20 at the Saint John Regional Hospital and the Trade and Convention Centre in Saint John, NB. This year's program has been developed to give the participant a current review in key areas of cardiovascular medicine. The overall objective of this annual symposium is to provide a comprehensive review in general cardiology, in addition to focused sessions on selected topics.

On Thursday morning there will be a **Device/Arrhythmia Workshop** with Dr. Sean Connors from the St John's Health Sciences Centre in Newfoundland, Dr. Martin Gardner from the QE II Health Sciences Centre in Halifax and Dr. Satish Toal from the NB Heart Centre discussing **"Electrical Therapies for Heart Disease in 2008."** This will include the interactive **"Ask the Experts"** clinical case presentation session.

The Thursday afternoon **Stress Echocardiography Workshop** will highlight a case-based approach to stress echocardiography with a clinical case presentation session and discussions by Dr. Hisham Dokainish from the Baylor College of Medicine, Dr. Zion Sasson from the Mount Sinai Hospital, Dr. Anthony Sanfilippo from the Kingston General Hospital and Dr. Howard Leong-Poi from St Michael's Hospital. **Current Concepts in Echocardiography** will be held Friday for a full day session of informative discussions and clinical case presentations on **"Practical Echo in Clinical Cardiology"** with recognized experts in echocardiography including Drs. Ian Burwash and Kwan-Leung Chan from the Ottawa Heart Institute. An **Echocardiography Workshop** on Saturday morning will provide the audience with technological "tips and tricks" and discuss a practical approach to



commonly-encountered pitfalls and pet peeves in the Echo Lab.

The Atlantic Cardiac Rehabilitation Network and Cardiac Rehab New Brunswick meetings will be conducted on Thursday afternoon and will include a presentation on **"The Community Hearts in Motion Program"** by Dr. Nick Giacomantonio. Also, Dr. Paul Oh, President of the CACR, will discuss national perspectives. On Friday afternoon, the Cardiovascular Health, Wellness and Rehabilitation session will focus on the **"Role of Prevention and Rehabilitation in Chronic Care Management."**

At the Thursday evening Debates in Clinical Cardiology session, Dr. Marc Pelletier of the NB Heart Centre, Dr. Barry Rose from the St John's Health Sciences Centre in Newfoundland and Dr. Pierre Th  roux from the Montreal Heart Institute will discuss the management of stable angina with Dr. David Bewick,



Symposium Chairman, highlighting the **debate on medical therapy versus revascularization**. In addition, Dr. P.J. Devereaux and Dr. Eva Lonn from McMaster University will discuss **debates on vascular protection and peri-operative management**.

Friday morning's session Primary Prevention in Cardiovascular Disorders will include several presentations on the theme **"Long Term Vascular Protection: Modifying "Lifetime Risk."** Speakers will include Dr. John Finley of the IWK Health Centre and Dr. Iqbal Bata, Dr.

Simon Jackson and Dr. Michael Vallis from the QE II Health Sciences Centre in Halifax. On Friday afternoon, Dr. Victor Huckell from the University of British Columbia and Dr. Milan Gupta from McMaster University along with other nationally recognized experts will discuss **"Tailored Solutions for Common Clinical Problems"** at the Office-Based Cardiology session.

Friday evening will be a relaxing and informative session, **Pioneers in Medicine**, where recognized Canadian pioneers in medicine will enlighten the audience. We are particularly excited and honoured to have Dr. Roberta Bondar discuss her journey as the first female astronaut aboard the space shuttle Discovery.

Saturday's plenary program **Current Perspectives in Cardiovascular Disease** will review a number of cardiovascular topics, providing the participants with the latest trends in diagnosing and managing patients with heart disease including talks by Dr. David Fitchett from St Michael's Hospital, Dr. Jean Fran  oise Tanguay from the Montreal Heart Institute, and Dr. Brent Mitchell from the University of Calgary. Saturday afternoon's session is co-sponsored with the Canadian Cardiovascular Society and will **highlight major advances in cardiology which have had a significant impact on clinical practice in 2008**.

On Saturday morning, Dr. Masis Perk from the Colchester Regional Hospital in Truro, Nova Scotia, will conduct **"An Eye-Training Workshop to Detect Early and Subtle ECG Changes in ST Elevation MI."**

Representatives from various pharmaceutical and medical supply companies will be on hand to exhibit their products in the Light Court at the Saint John Regional Hospital.

Program brochure is available on the NB Heart Centre website: [www.ahsc.health.nb.ca/Programs/NBHC/cardiac%20symposium/NBHeartBook2008.pdf](http://www.ahsc.health.nb.ca/Programs/NBHC/cardiac%20symposium/NBHeartBook2008.pdf). Pre-registrations will be accepted by completing the following registration form. We look forward to seeing you at our 18th Annual Cardiovascular Symposium!

# Space for all sessions is limited, so register early!

Dr  Mr  Ms  Mrs  Prof

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization \_\_\_\_\_ Dept \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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**Please check for CME Credit:**

Royal College of Physicians and Surgeons  Canadian Society of Diagnostic Sonographers  
 College of Family Physicians of Canada  
 Other: \_\_\_\_\_ Cardup #: \_\_\_\_\_ ARDMS #: \_\_\_\_\_

## REGISTRATION FEES

- The following registration fees include all program materials, refreshments during conference breaks and lunch during the all-day sessions. Thursday and Friday evenings' sessions will include complimentary suppers.
- Pre-registrations will be accepted via fax (506)648-7778, mail or drop off until September 16. (Please mail payment prior to September 16 to reserve your seat.) **A \$50.00 fee will be charged for cancellations.**
- Cheques should be made payable to the NB Heart Centre Symposium. **We are unable to accept credit/debit card payments.**

MAIL REGISTRATION FORM AND FEE TO: Judy Melanson, Symposium Coordinator New Brunswick Heart Centre Saint John Regional Hospital PO Box 2100 Saint John, NB E2L 4L2	On or Before Sept 16: (After Sept 16 please add \$25.00.)				
	Partial Day	1 Full Day	2 Full Days	3 Full Days	
MD	\$75	\$150	\$275	\$325	
RN/Tech/Other	\$50	\$75	\$150	\$200	

Please reserve your seat at one or more of the session(s) you wish to attend by checking the applicable box(es):

Morning	Afternoon	Evening
<b>Thursday, September 18</b>		
<input type="checkbox"/> 0830 to 1200 (Partial Day) Device/Arrhythmia Workshop	<input type="checkbox"/> 1300 to 1600 Stress Echocardiography Workshop	<input type="checkbox"/> 1715 to 2115 Debates in Clinical Cardiology Registration fee is complimentary for participants of the daytime sessions. <b>Spouse/guest \$35.00</b>
<b>Afternoon sessions: choose one only</b>		
	<input type="checkbox"/> 1300 to 1600 Atlantic Cardiac Rehab Network/CRNB Meeting	
<b>Friday, September 19</b>		
<input type="checkbox"/> 0830 to 1600 Current Concepts in Echocardiography		<input type="checkbox"/> 1730 to 2115 Pioneers in Medicine: Exploring New Frontiers Registration fee is complimentary for participants of the daytime sessions. <b>Spouse/guest \$35.00</b>
<input type="checkbox"/> 0830 to 1200 Primary Prevention in Cardiovascular Disorders	<input type="checkbox"/> 1300 to 1600 Office-Based Cardiology	<b>Afternoon sessions: choose one only</b>
	<input type="checkbox"/> 1300 to 1600 Cardiac Health, Wellness and Rehabilitation	
<b>Saturday, September 20</b>		
<input type="checkbox"/> 0830 to 1440 - Current Perspectives in Cardiovascular Disease		
<input type="checkbox"/> 0830 to 1200 - Echocardiography Workshop		
<input type="checkbox"/> 0830 to 1000 - Where's Waldo? - Early ECG Changes in STEMI		

## Electrophysiology Program: Update

Dr. Satish Toal, Electrophysiologist

In July 2007, the NB Heart Centre started the Electrophysiology (EP) program. It is with a sense of pride that we celebrate our first anniversary. Not only have we taken our first steps in establishing an EP program, it is with confidence that we look at expanding the program in the future.

It is due to the leadership of Dr. Satish Toal, and hard work from the various NBHC & AHSC personnel that the program is able to share with you several of its achievements. Devices such as pacemakers and implantable cardioverter defibrillator (ICD) are implanted routinely to maintain a normal cardiac rhythm. Pacemakers that are utilized are: single, dual as well as biventricular. Defibrillators as well as combo devices such as resynchronization defibrillators are also implanted.



The EP program also includes ablations. We routinely perform ablations for paroxysmal supraventricular tachycardia, atrial flutters as well as more complex ablations like atrial fibrillation and ventricular tachycardia.

The NB Heart Centre EP program is on its way to become a success due to an EP laboratory equipped with the latest state of the art mapping system "Ensite" which allows two platforms of mapping point by point as well as using an array to map even a single beat. Another key factor to its success is the dedicated staff who work alongside Dr. Toal (see photo).

Since July 2007 to the end of March 2008 a total number of 78 EP Studies, 58 Ablations, and 56 ICDs have been performed at the NB Heart Centre.

### Atrial Fibrillation Ablation

Atrial fibrillation (AF) affects approximately 200,000 to 250,000 Canadians and is associated with many common clinical conditions such as aging, thromboembolism, hypertension, valvular heart disease and heart failure. AF is also responsible for substantial morbidity and increased mortality. Consequently, AF places a tremendous burden on our health care resources. Thus, the management of AF is complex and has far-ranging implications making this an important challenge for treating physicians.

Atrial fibrillation ablation while promising is challenging. Real world success rates are lower than clinical trial success rates hovering around 60 to 70%. Two and sometimes even three procedures are necessary. The procedure is long and not without risk of rare but serious complications like stroke and atrio-esophageal fistulas. Hence patient selection is very important.

## Language of Service at the NB Heart Centre

By Francine Bordage

The New Brunswick Heart Centre's (NBHC) mandate is to deliver tertiary cardiac services in both of New Brunswick's Official Languages. This article gives an overview of the strategies in place and others we are embarking on with some of our partners to meet our linguistic mandate. The goal of these strategies is to enhance the quality of service delivery to patients and families that come to the NBHC so that their experience is a positive one.

### Identification of the patient's "Preferred Language"

Knowing the preferred language of the patient prior to arrival to the NBHC allows for staff assignment which is based on the linguistic preference of the recipient of care. The access coordination staff obtains this information from the patient prior to the appointment or admission for an outpatient cardiac catheterization (OPCC) or other cardiac testing or procedure. For patients coming from another facility (hospital to hospital transfer), the information is obtained from the staff at the referring facility prior to the transfer.



### Documentation of the patient's linguistic preference

The language preference of the patient is clearly identified and visible on his/her chart. In the event of an emergency, this information is readily known, allowing for staff to make contact with family members in the language of their choice.

### Auditing

In order to improve the language of service delivery, it is essential to conduct language audits. Results obtained from such audits are used to identify weaknesses and develop strategies to rectify the situation. The following linguistic audits are conducted at the NBHC:

- **Linguistic Profile:** The monitoring of the NBHC's linguistic profile is ongoing and includes information such as employees who are in bilingual positions, have undergone linguistic testing along with their results and date of testing, percentage of bilingual staff per areas of the NBHC, and those staff who are currently enrolled in an AHSC's French language training program. A summary of the NBHC's linguistic profile of December

2007 and June 30, 2008 is included in table A for your perusal. You will note that some areas of the program have strengthened their profile over the past six months which testifies to the ongoing commitment to the enhancement of the NBHC's language of service. Reporting of this profile is done twice a year to the AHSC Official Languages Coordinator as well as the senior executive team. The monitoring of this profile allows for identification of areas most at need for bilingual personnel, as well as recruitment and the planning of French language training.

- **Auditing of Compliance with the Active Offer:** Making the active offer tells the patients and members of the public that services can be provided in the official language of their choice. Once they indicate their language of choice, the service provider will either proceed in the chosen language or will find someone who can. Active Offer in-servicing is ongoing for the NBHC personnel. Auditing of compliance with the Active Offer will be conducted regularly and reported to the program management

Highly symptomatic patients who have failed at least one anti-arrhythmic drug are considered for ablation. An ideal patient has paroxysmal AF, structurally normal heart and is young. Success rates for chronic atrial fibrillation are less than those for paroxysmal atrial fibrillation. Patients require anticoagulation before and after the procedure. In order to rule out left atrial thrombus, a TEE is performed routinely prior to the procedure (day before or day of procedure). The Ensite mapping system allows integration of the three dimensional image obtained by the catheter of the pulmonary vein and left atrial anatomy with a cardiac CT image. This helps in precise ablation and avoiding complications.

For further information about the EP Program contact us at **(506) 649-2713**.

*Jane Waycott-Oland & Michelle Wilson (nurses), Dr. Satish Toal, Debbie Maxan (nurse associate), Coral Roy & Patty King (nurses)*



committee. The results will assist in identifying areas of the NBHC needing improvement.

- Patient Satisfaction Survey of the Language of Service:** Since May 2008, a patient satisfaction survey is conducted with all patients/families who indicated French as their preferred language. Prior to discharge from the hospital, a fully bilingual research nurse administers the survey and collects the information from the patient and/or caregiver. The survey which has been reviewed and granted approval from the AHSC's Research Ethics Board will assist in the collection of valuable data concerning the patient/caregiver experience with the language of service (French) while at the NBHC. A total of 200 surveys are required in order to meet statistical significance. This will be followed by the analysis of the data by a UNBSJ statistician. The findings will assist the NBHC team address areas of dissatisfaction and celebrate areas of strength. To date, over 100 surveys have been completed. Stay tuned for an update on this initiative and a review of the results.

**Table A**

<b>NB HEART CENTRE's LINGUISTIC PROFILE June 30, 2008 compare to December 2007</b>	
5AN/CCU	29% ↑ from 24% Dec/07
5BN Cardiac Services	69% ↑ from 42% Dec/07
Cath/EP Labs	35% ↑ from 24% Dec/07
Access Office	83% same as Dec/07
Nurse Associate	69% ↑ from 58% Dec/07
NBHC Offices	80% was 83% Dec/07
NBHC Physicians	38% same as Dec/07

**AHSC Language of Service Committee**

In January 2008, AHSC created a committee that is comprised of key individuals within the Corporation such as members of senior executive, HR, Organizational Learning, Patient Representative, Marketing &

Communication (which include the Official Languages Coordinator) and the NB Heart Centre Administrative Director. The Language of Service Committee acts as an advisory body to AHSC in all matters related to the language of service delivery with the ultimate goal of strengthening our language of service capability. The committee has met on three occasions since its inception in January 2008 and had opportunities to exchange ideas/information on the matter of language of service delivery with individuals such as Michel Carrier, Commissioner for Official Languages and Pierre Beaudoin, Senior Investigator, as well as Michel Côté, Director of ARCf de Saint-Jean Inc.

**Bilingual Volunteer Committee**

This committee chaired by Mr. Robert Keays (from Higgins General Insurance) is comprised of representatives from the francophone community and of ARCf de Saint-Jean Inc., representatives of AHSC's Marketing & Communication, Volunteer Services, and the NB Heart Centre and Oncology program. The goal of the committee in the short term is the recruitment of bilingual volunteers to the AHSC Volunteer Services. These volunteers would focus on greeting patients/families to the facility and

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## Language of Service at the NB Heart Centre

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assist them in navigating through the system. In the longer term, the committee will look at helping family members of patient's from remote areas of the province with finding accommodations while in Saint John. The last meeting of this committee occurred on June 17, 2008 at Centre scolaire et communautaire Samuel de Champlain in Saint John and brought together various partners with an interest in the committee's mandate (see photo).

### Recruitment

Recruitment activities for bilingual health care personnel are ongoing.

### French Language Training

Employees of AHSC who wish to learn French as a second language can enroll in a French Language training program offered to AHSC employees.

### Conclusion

The provision of service in the language of the recipient's choice is an essential component of access to quality health care services. It requires constant vigilance on the part of those charged with fulfilling the mandate of the NBHC. This is a responsibility that we take very seriously. We will continue to work with our stakeholders to improve on all aspects of service delivery.



Meeting of the Bilingual Volunteer Committee on June 17/08 at Centre Scolaire & Communautaire Samuel de Champlain. From left to right, front row: Robert Keays (Chair), Suzanne Robichaud (Member of the transition team Region A), Elizabeth Cormier (AHSC Volunteer Services), Francine Bordage (Administrative Director, NB Heart Centre), Florence Flower (AHSC Official Languages Coordinator), Thierry Chopin (vice-consul de France à Saint John), Lisa Byrnes (Admin Director Oncology program), and Saint John Mayor Ivan Court. Back row: Michel Côté & Michel Tassé (ARCF Saint Jean Inc.), and Ann Galbraith (Representative from MP Paul Zed's office).



## New Brunswick Heart Centre Foundation

Public and corporate philanthropy makes a significant difference in healthcare. Public donations help care providers to take on projects and services that are beyond the reach of regular government funding. Projects can involve everything from patient comforts to advanced medical technology, from leading edge research to cardiac forums and clinical trials. Donations are important.

The New Brunswick Heart Centre Foundation has been created to accept gifts directed to the cultivation of excellence at the New Brunswick Heart Centre. These gifts will result in enhanced cardiac care right here in New Brunswick . . . right away.

The latest equipment and technology help attract and retain the best medical staff. Opportunities for research and drug trials are also related to the quality of the personnel and equipment. The Heart Centre's vision is to advance the reputation of the New Brunswick Heart Centre as a centre of excellence in Canada for cardiac care. But reputations are built on action. Our new Charitable Foundation is essential to this vision.

Donors with an interest in cardiac care have a place to direct their contributions. The Foundation will accept charitable donations, encourage estate gifts, promote the creation of endowments and conduct periodic campaigns and special events. Donations will be used entirely to support the New Brunswick Heart Centre. Gifts should be directed to:

**New Brunswick Heart Centre Foundation,  
PO Box 2100, Saint John, NB E2L 4L2**

### A donation to the New Brunswick Heart Centre Foundation will:

- Maintain advanced cardiac care right here in New Brunswick.
- Help attract and retain cardiac specialists.
- Help us keep pace with the latest in medical equipment and technology.

**Yes, I support the New Brunswick Heart Centre.**

#### Here is my donation of:

\$25    \$50    \$100    \$500    Other \$ \_\_\_\_\_

I have enclosed a cheque for NB Heart Centre Foundation

Charge my:  Visa    Mastercard

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Donation Reply to:** New Brunswick Heart Centre Foundation,  
PO Box 2100 Saint John, NB E2L 4L2