

COMMUNIQUÉ NO 02 - NOVEMBER, 2014

ONTARIO INTEGRATED VASCULAR HEALTH STRATEGY

VASCULAR DISEASES ARE THE LEADING CAUSE OF PREVENTABLE DEATH AND DISABILITY IN CANADA. TWENTY FOUR MILLION CANADIANS HAVE AT LEAST ONE RISK FACTOR FOR VASCULAR DISEASE WHILE 10 MILLION HAVE THREE OR MORE. EVERY CANADIAN IS DIRECTLY OR INDIRECTLY AFFECTED BY VASCULAR DISEASE OR ITS COMPLICATIONS*.



SHAPING THE FUTURE OF VASCULAR HEALTH

BACKGROUND

In 2010, three provincial organizations with mandates to address various types of vascular diseases – the Cardiac Care Network, Heart and Stroke Foundation and Ontario Stroke Network – formed the Ontario Vascular Health Coalition.

In August 2012, Shaping the Future of Vascular Health: An Integrated Vascular Health Blueprint for Ontario document was released. Developed through the engagement of cross-sector partners, this document sets a framework for province-wide action. Read the [Ontario Integrated Vascular Health Blueprint](#).

Working collaboratively, the Vascular Health Coalition is bringing community stakeholders, patients, health care providers and health system leaders together to improve vascular health for all Ontarians. Under the guidance of an Implementation Steering Committee there are many exciting developments underway – here are just a few highlights.

NEW TOOL AVAILABLE NOW

HEALTHY MENU CHECKLIST

Every year in Ontario, there are hundreds of health related conferences and meetings held and attended by thousands of health care employees and decision makers. Healthy food choices are not consistently offered, in part, due to lack of healthy options from vendors and low demand from conference organizers.

Guided by the Ontario Integrated Vascular Health Strategy, Implementation Steering Committee, and informed by Heart and Stroke Foundation efforts, a Healthy Menu Checklist was developed. The purpose of the Checklist is to help in providing healthy food to employees, partners and/or the public during meetings, training sessions, conferences and events.

As part of their commitment to promoting health and preventing disease, the Vascular Health Coalition, will take a leadership role in requesting and demanding healthy food choices at every meeting.

Helping to improve the health of Canadians by decreasing their risk factors for vascular disease is part of the mission of the Vascular Health Coalition. Providing healthy foods and messaging consistent with Canada's Food Guide at events can help empower Canadians to live healthy lives.

The hope is that other organizations will also adopt these guidelines. The increased demand for healthier food choices will help drive greater availability of healthy food from vendors.

Download the [Healthy Menu Checklist](#) and [Implementation Guide](#).

* [Making the Connection: A Call to Action on Vascular Health](#)

CARDIAC CARE NETWORK



HEART &
STROKE
FOUNDATION



ontario stroke
network

Advancing the Ontario Stroke System

MOBILIZING THE VASCULAR HEALTH COMMUNITY REDUCING THE CONSEQUENCES OF VASCULAR AND RELATED DISEASES

WORK UNDERWAY

VASCULAR HEALTH ASSESSMENT AND SUPPORT TOOL

Building on the positive qualitative evaluation of a “proof of concept” electronic vascular flow sheet, the [Ontario Stroke Network](#) (OSN) released a Request for Proposal for the next phase development of a Vascular Health Assessment and Support Tool (VHAST) prototype.

The intent of the VHAST is to enable integrated documentation and management of patients with risk factors and/or confirmed vascular diseases. The VHAST will be developed under the guidance of the Primary Care Work Group (PCWG). The VHAST proposes to function within Electronic Medical Record systems with embedded capability for clinical information to be compared against clinical practice guidelines. Collaboration with the Canadian Cardiovascular Harmonization of National Guidelines Endeavour (C-CHANGE) Initiative in development of the VHAST includes reviewing clinical requirements for the VHAST prototype.

VASCULAR HEALTH QI TOOLKIT

Primary care providers identified the need to have a “Go To” resource to assist with developing and implementing quality improvement plans (QIPs). Work is underway by the PCWG Vascular Health QI Toolkit Task Group to develop a QI resource filled Toolkit that will include a brief supplement of common QI methodology elements and Vascular Health QIP templates.

HYPERTENSION MANAGEMENT PROGRAM EXPANSION WITH ONTARIO PRIMARY CARE

Do you want to improve your practice’s effectiveness

in sustainably lowering your patients’ BP, managing hypertension and other vascular diseases and successfully supporting Patient Self Management?

If so, the Hypertension Management Program (HMP) is expanding within Ontario Primary Care. Hypertension is the leading risk factor for heart disease and stroke. The HMP helps teams realize greater decreases in patients’ BP through evidence-informed practice. Established in 2007 and currently funded by MOHLTC, the HMP is rooted in Ontario’s CDPM framework and also designed to complement existing programs.

Sites are invited to share their interest by e-mailing hmp@hsf.on.ca.

SHARING EXPERIENCES FACING VASCULAR DISEASE

PATIENT AND FAMILY ADVISORY COUNCIL

The Ontario Integrated Vascular Health Strategy, Patient and Family Advisory Council continues to focus on documenting the journey faced for individuals with vascular disease and their families, and sharing their experiences navigating the Ontario health care system.

Additionally, the Patient and Family Advisory Council look forward to supporting the development of the Vascular Health Assessment and Support Tool and will continue their work exploring creation of a Vascular Patient Bill of Rights.

REGIONAL CHANGE UNDERWAY HIGHLIGHTING CENTRAL EAST LHIN

Since February 2013, the coordination of Diabetes Education Program (DEP) services accountable to the Central East LHIN has been assessed and evaluated.

Since that time, targeted amendments have been put in place, with metrics analyzed on a quarterly basis. Through analysis of trends alongside historical data, cluster based Diabetes Networks have been established to support a weaved strategic improvement plan where the DEP managers become system thinkers, responding to the community needs.

Alongside the target amendments, the DEPs are collaborating (versus competing) for patient care, putting the patients’ needs at the forefront and utilizing the appropriate resources.

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Also, as part of the vision of a more integrated vascular network, the harmonization of best practices regarding centralized intake for Cardiac Rehabilitation and Secondary Prevention alongside Diabetes Centralized Intake has ensured that the choices for accessing various sub-systems of care are patient driven.

This process has allowed for patients to receive appropriate care at the right place, right time and of the patient's choice. Measurements are revealing an increase in readiness and uptake of people with multiple risk factors qualifying for these programs.

The vision of an integrated vascular network is well on its way to becoming a reality in patients' experience in the Central East LHIN.

CREATING LINKAGES & LEARNING MORE

PERIPHERAL ARTERY DISEASE (PAD): AN INDICATOR FOR VASCULAR DISEASE

There are approximately 800,000 people in Canada who have PAD with estimates that nearly 75 percent of those with PAD do not have symptoms. PAD occurs when leg arteries become narrowed or blocked with the most commonly recognized symptom being intermittent claudication (aching/pain in the leg that occurs when walking and disappears at rest). For every person with symptoms of PAD, there are another 3 to 4 people with PAD who do not meet the clinical criteria for intermittent claudication. Unfortunately, many dismiss symptoms of PAD as normal signs of aging.

Peripheral Artery Disease (PAD) is a powerful indicator of a diffuse atherosclerotic disease process that is under diagnosed and undertreated. People with PAD have a greater one year death rate than those who have had a heart attack or a Stroke. One in five people with PAD will have a heart attack or a stroke, be hospitalized or die due to cardiovascular complications within one year.

An important goal for PAD management is to decrease vascular disease risk factors. Screening for PAD may be conducted through ankle brachial index (ABI)-a simple blood pressure ratio measurement. The prevalence of lower-extremity PAD based on ABI is approximately 10 to 20 percent of those people in the community, aged 65 and older and 18 to 29 percent of those patients aged 50 and older in general medical practices.

For more information regarding Ontario's Integrated Vascular Health Strategy or the Shaping the Future of Vascular Health: An Integrated Vascular Health Blueprint for Ontario document, please contact Tracey Carter, Ontario Integrated Vascular Health Strategy, Project Manager at tcarter@ontariostrokenetwork.ca.