



CCORT PULSE

Volume 4, Issue 1

February 2005

CCORT OBJECTIVES:

- Improve quality of heart attack & heart failure care in Canada
- Improve invasive cardiac procedure outcomes in Canada
- Stimulate multidisciplinary and inter-provincial collaborative cardiovascular outcomes research
- Train the next generation of Canadian cardiovascular outcome researchers

This issue

Atlas paper	1
Cardiac care report	1
Student Training	2
Makes the Rounds	2
CCORT Calendar	2
What's new?	2

Send newsletter comments or contributions to vanihinger@ices.on.ca

Funding provided



CIHR IRSC
Canadian Institutes of Health Research / Instituts de recherche en santé du Canada



Atlas paper on acute treatment of AMI published

The authors of the most recent CCORT Atlas paper, entitled "Acute treatment of myocardial infarction in Canada 1999-2002", used four different registries to report the findings of in-hospital treatment of acute myocardial infarction (AMI) across Canada.

The paper describes the use of primary percutaneous coronary intervention (PCI), fibrinolytics, and medication use in eligible patients with AMI, and is the first national overview of acute treatment of AMI in Canada.

In-hospital use of reperfusion therapy for ST elevation MI (STEMI) and discharge use of acetylsalicylic acid, beta-blockers, angiotensin-converting enzyme inhibitors (ACEIs) and statins, were examined.

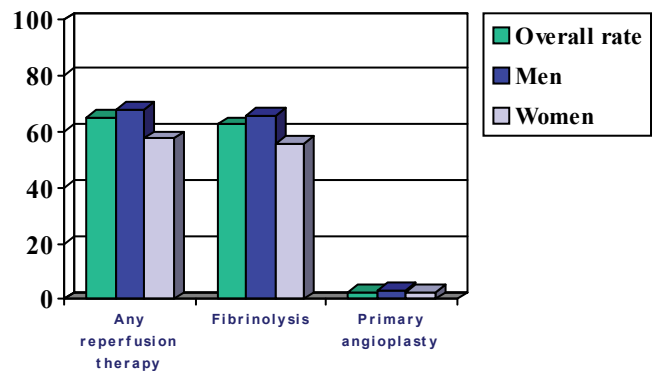
The four registries, representing heterogeneous data sources, comprised EFFECT from Ontario, ICONS from Nova Scotia, CACS and the FASTRAK II, both national registries). The data was used to identify a cohort of patients with AMI in Canada.

The authors then calculated the proportion of patients receiving reperfusion therapy on admission to hospital, analysed patients' symptoms from onset-to-arrival at hospital, door-to-balloon and door-to-needle times, where available, and use of cardiac medication on discharge.

The analysis found that, in all four registries, rates of reperfusion therapy were generally lower in women. Older women in particular, were more likely to delay presenting to hospital than were men, which may account for some of this difference. Women also had longer door-to-needle times than men for fibrinolytic reperfusion therapy.

The article is published in the February issue of the *Canadian Journal of Cardiology* and is also available at www.ccort.ca/Atlas.asp. The next Atlas paper on community factors, hospital characteristics and inter-regional outcome variations following AMI in Canada is in press.

OVERALL AND SEX-SPECIFIC REPERFUSION THERAPY RATES FOR ST ELEVATION MI (STEMI)



Second report on cardiac care in progress

The Enhanced Feedback for Effective Cardiac Treatment Study (EFFECT) is the largest component of the CCORT project and was developed to further improve the quality of cardiac care in Ontario.

The EFFECT Study is a randomized trial of cardiac report cards—the first such trial in the world—and will determine whether collecting and publishing report cards based on clinical quality indicators leads to greater use of evidence based therapy at hospitals that receive them. Data for the EFFECT Study was obtained via retrospective chart review of a sample of acute care Ontario AMI and CHF hospital separations from 1999-2001.

All data were anonymized and strict privacy and confidentiality standards were followed. As part of the study design, the 103 participating hospitals were randomized to receive either: a) early feedback or; b) delayed feedback. Hospitals randomized to receive early feedback received their preliminary results in November 2003.

Preliminary reports for the hospitals in the delayed feedback arm of the study were recently sent to the hospitals. Public release of the findings are targeted for the delayed feedback group for Spring 2005. For more information, see www.ccort.ca/EFFECT.asp.



The CCORT Student Training Program

is available with CCORT investigators at 5 sites across Canada for summer students, MSc and PhD students and postdoctoral fellowships

Applications for 2005-2006 are now being accepted

Submission deadline is March 25, 2005 at 4:00 pm

Go to www.ccort.ca/StudentTraining.asp

for details and application forms

For more information, please contact: Sharon Van Ihinger at 416-480-6100, ext. 3119 or email: vanihinger@ices.on.ca.

CCORT Calendar

Mar. 6-9, 2005

Conference: 54th Annual Scientific Session: "Bridging Science and Practice" (American College of Cardiology), Orlando, Florida

Contact: www.acc.org



Apr. 28-May 1, 2005

National Forum: 2nd Annual National Research Forum for Young Investigators (CIHR Institute of Circulatory and Respiratory Health and Institute of Cardiovascular Sciences), Winnipeg, Manitoba

Contact: www.yiforum.ca

May 14-16, 2005

6th Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke (American Heart Association) Washington, DC

Contact: www.americanheart.org

Call for Abstracts

July 16-19, 2005

World Congress: Heart Disease—New Trends in Research, Diagnosis and Treatment (International Academy of Cardiology), Vancouver, BC

Abstracts due: Feb. 25, 2005

Contact: www.CardiologyOnline.com; email: klimedco@ucla.edu

Sept. 18-21, 2005

Conference: Mapping the Future of Public Health: People, Places and Policies (Canadian Public Health Association in partnership with CIHI-CPHI, CIHR-IPPH) in association with Statistics Canada's Health Statistics Data User's Conference 2005, Ottawa, Ontario

Abstracts due: Feb. 25, 2005

Contact: www.cpha.ca

CCORT Makes the Rounds

Here are some highlights of CCORT publications, presentations and awards. To help us keep CCORT's list up-to-date, please send your contributions to vanihinger@ices.on.ca.

PUBLICATIONS

- CA Jackevicius, D Alter, J Cox, et al. Acute treatment of myocardial infarction in Canada 1999-2002. *Can J Cardiol* 2005;21(2):145-152.
- Austin P, Alter D, Anderson G, Tu J. The impact of the choice of benchmark on the conclusions of hospital report cards. *Am Heart J*. 2004; 148 (6): 1041-1046.
- Austin P, Tu J. Automated variable selection methods for logistic regression produced unstable models for predicting acute myocardial infarction mortality. *J Clin Epidemiol*. 2004; 57 (11): 1138-1146.

PRESENTATIONS

Jack Tu made the following presentations:

- "The Enhanced Feedback for Effective Cardiac Treatment (EFFECT) Study: Improving the quality of acute myocardial infarction (AMI) care" at the Toronto General Hospital Clinical Epidemiology Rounds, Toronto, Ontario, Jan. 17, 2005.
- "Challenges in developing national benchmarks for waiting times" at the Canadian Institute's Reducing Wait Times Conference Workshops, Sutton Place Hotel, Toronto, Ontario, Oct. 19, 2004.
- "Patient privacy, informed consent and clinical registries: can we strike a balance?" at Grand Rounds at the University of Michigan Cardiovascular Center, Ann Arbor, Michigan, Oct. 12, 2004.

AWARDS

Veena Guru won the following awards:

- Canadian Cardiovascular Society (CCS) 2004 Student Presentation Award for her project "Trends in the demographics and outcomes of CABG surgery during an era of institutional performance reports in Ontario".
- Physicians Services Incorporated (PSI) 2004 Resident Research award for her project "The real world utilization and results of off-pump coronary artery bypass (OPCAB) surgery in a public health-care system".

What's new?

CCORT research coordinator, Susan Brien, accepted a position as a post-doctoral fellow in the department of physical and health education at Queen's University, Kingston, Ontario. Susan is working on a CIHR-funded New Emerging Team project that is using the Canadian Heart Health Surveys database. Her particular project is looking at the effects of physical activity on Metabolic Syndrome. Her CCORT colleagues are pleased to continue to work with Susan on the Atlas project, and wish her all the best in her future endeavours.