

CASN
ACESI



Canadian Association of Schools of Nursing
Association canadienne des écoles de sciences infirmières



CorHealth
Ontario

*Advancing cardiac, stroke
and vascular care*

Virtual Nursing Doctoral Forum

Job opportunities, roles, and connections for nursing doctoral students

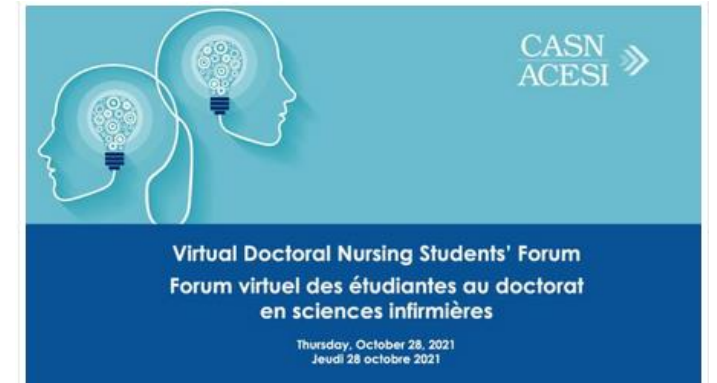
October 28, 2021

Karen Harkness RN PhD CCN(C) CHFNI-K

Scientist, Clinical, CorHealth Ontario

Assistant Clinical Professor, McMaster University, Ontario

Objectives



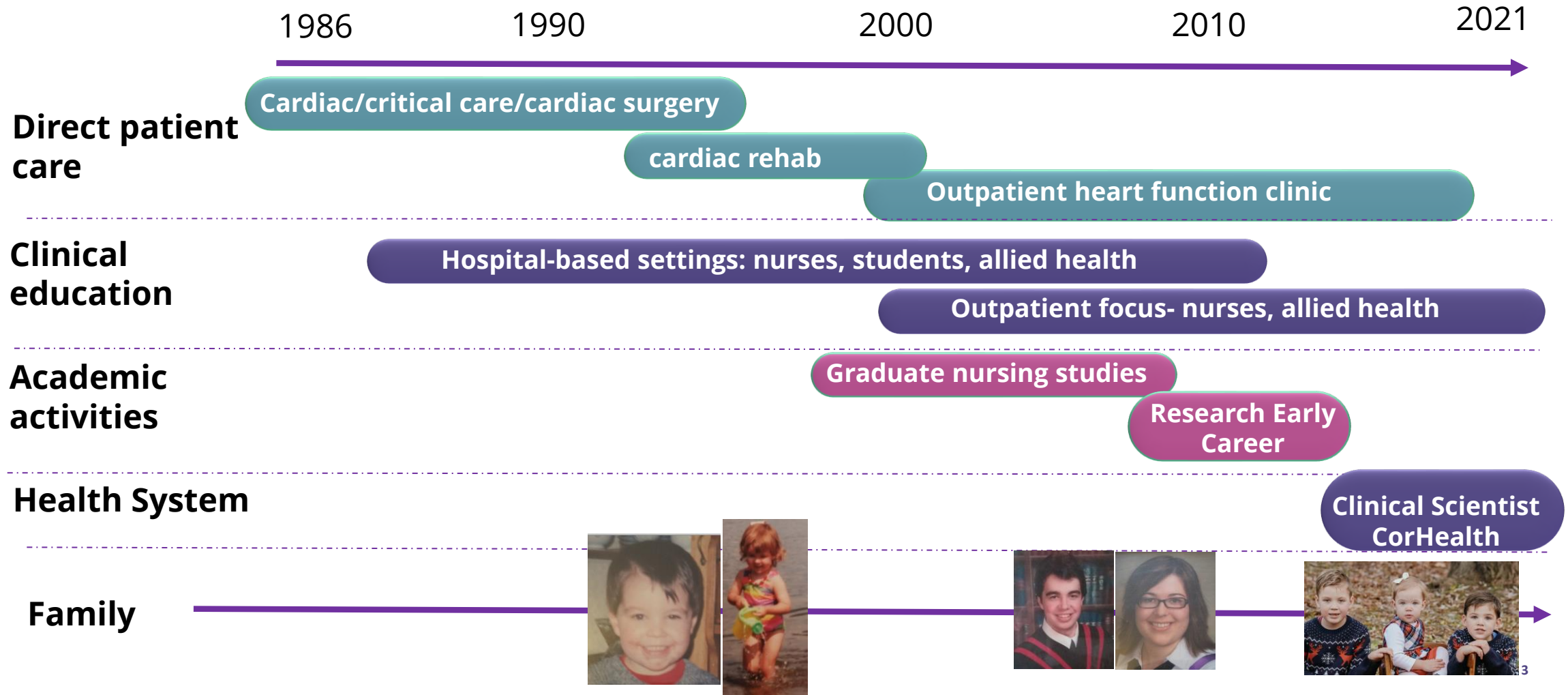
Goal: Raise awareness of potential opportunities that may be of interest to you within your professional career in nursing

Objectives

- ✓ Provide a brief overview of my career journey in nursing
- ✓ Share some examples of the roles and responsibilities of the nurses on the clinical team at CorHealth Ontario
- ✓ Share key learnings from my experience

My professional career path

“A well seasoned cardiac nurse”



CorHealth Ontario

Advisory to the Ministry of Health. We work closely with multiple stakeholders to improve the quality, efficiency, accessibility and equity of cardiac, stroke and vascular services for patients across Ontario.

STRATEGIC DIRECTIONS

1

DRIVE EVIDENCE-INFORMED PRACTICE

E.g., Promotion of best practice recommendations related to new procedures

2

INFORM PLANNING, ACCESS AND RESOURCE ALLOCATION

E.g., Provision of information and recommendations to the ministry to support appropriate allocation of cardiac funding to hospitals

3

MEASURES AND REPORT ON QUALITY AND OUTCOMES

E.g., Development of an annual Stroke Report card that measures and reports on quality improvement in the stroke system





CorHealth Ontario- The team

Teams

- Clinical Programs
- Health System Policy, Planning, Performance
- Data Collection, Analytics, and Reporting
- Service Delivery and Management
- Corporate Services
(Communications and Legal & Privacy)

Clinical Strategist/Scientist

Role summary:

Transfer their expert clinical knowledge, academic experience and insight, along with the most up to date clinical research, and academic literature, to CorHealth clinical and health system processes, policies, and initiatives.

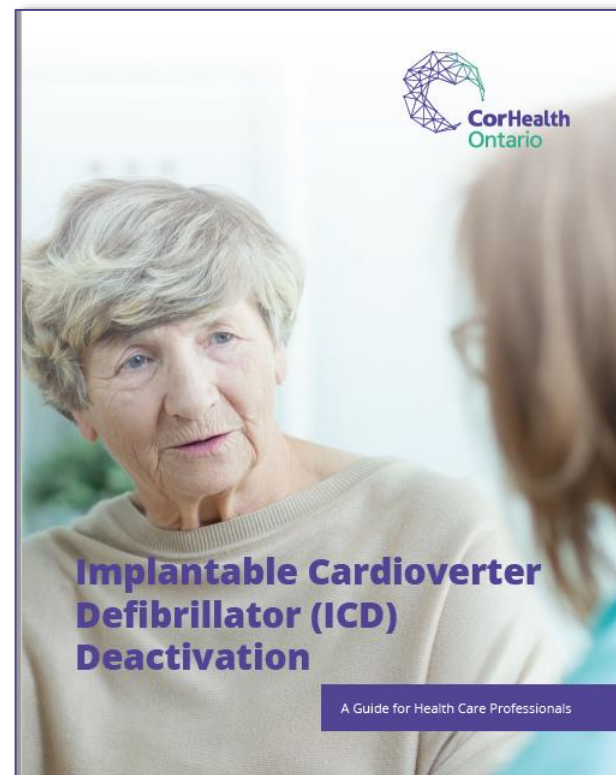
Key cardiac areas:

- Outpatient management of heart failure, cardiovascular rehabilitation
- Colleague- cardiac procedures and surgery

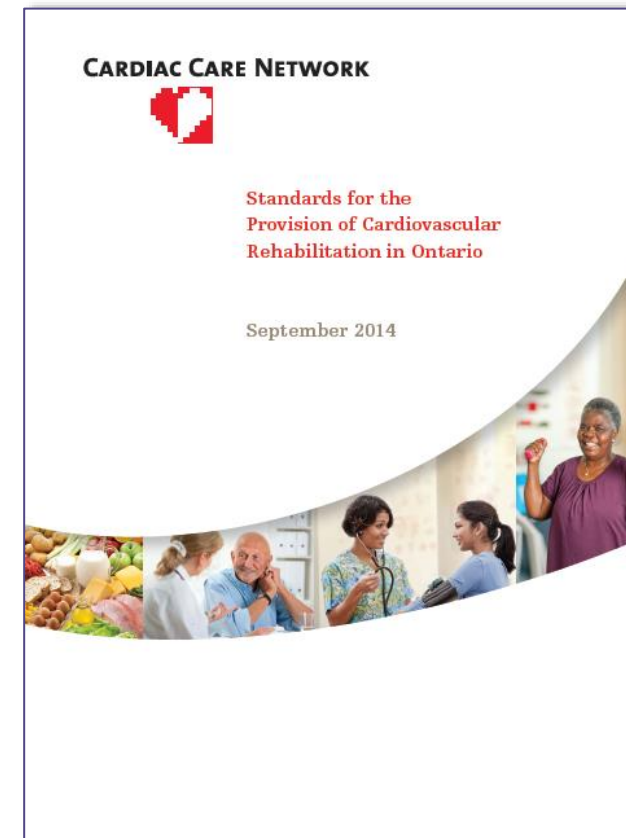
1 Drive evidence-based informed practice



<https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/mish/Ontario-Transcatheter-Aortic-Valve-Implantation-Patient-Eligibility-Criteria-Guideline.pdf>



<https://www.corhealthontario.ca/Implantable-Cardioverter-Defibrillator-Deactivation-A-Guide-for-Health-Care-Professionals.pdf>



https://www.corhealthontario.ca/resources-for-healthcare-planners-&-providers/rehabilitation/CCN_Cardiovascular_Rehab_Standards_2014.pdf

2

Inform Planning, Access and Resource Allocation

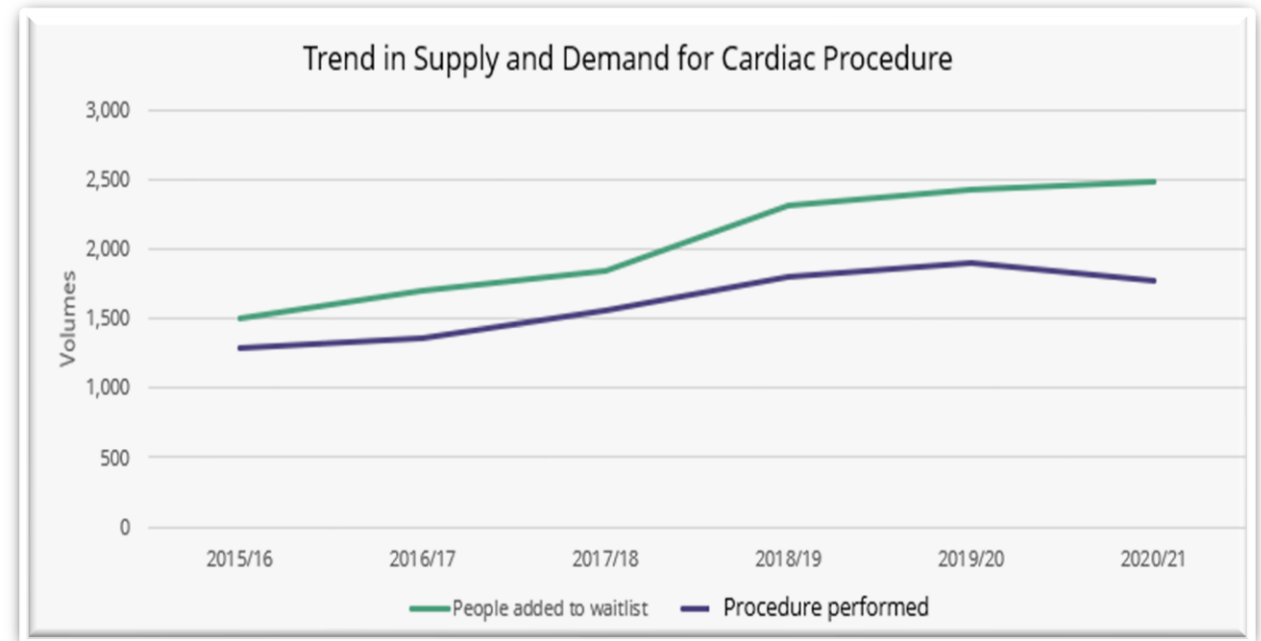
HOME > LOCAL NEWS

Expanded cardiac care in Barrie means less patients going to Southlake

Some Simcoe County residents who call 911 with heart attack symptoms will be transported directly to Royal Victoria Hospital, rather than being stabilized and transported to Newmarket

Nov 3, 2020 11:54 AM By: NewmarketToday Staff

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Task: Perform a current state analysis and develop system-level recommendations to optimize timely access for people in Ontario who would benefit from this procedure.

3

Measure and Report on Quality Outcomes

Annual Outcomes Report

Cardiac Surgery	
Isolated CABG	30-Day All-Cause Mortality 1-Year Cardiac Specific Readmission
Isolated AVR	30-Day All-Cause Mortality 1-Year Cardiac Specific Readmission
Combined CABG + AVR	30-Day All-Cause Mortality 1-Year Cardiac Specific Readmission
Interventional Cardiology	
PCI	30-Day All-Cause Mortality 30-Day All-Cause Readmission
TAVI	30-Day All-Cause Mortality 30-Day All-Cause Readmission
Mitral Valve Clip	30-Day All-Cause Mortality 30-Day All-Cause Readmission
Electrophysiology	
Ablations	30-Day All-Cause Mortality 1-Year Repeat Procedure
Heart Failure	
Heart Failure	In-Hospital All-Cause Mortality 30-Day All-Cause Readmission

Conversations with Stakeholders

Quality Performance Measurement and Monitoring (QPMM) Cycle and Quality Scorecard:

- Elective CATHs where Coronary Artery Disease was Identified
- Elective CATHs with Pre-CATH Functional Testing
- Percentage of STEMI Cases Presenting Directly to a PCI Hospital Achieving Time ≤90 Minutes from First Medical Contact to First Balloon Inflation/ Device Deployment
- Percentage of STEMI Cases Achieving Time ≤120 Minutes from Non-PCI Hospital ED Triage/ Registration (Hospital Arrival) to First Balloon Inflation/Device Deployment
- Percentage of STEMI Cases Achieving Time ≤30 Minutes to Fibrinolytic Administration

Special Report



Report on Mitral Valve Clip Implantation in Ontario
April 2015 to March 2018
 Date: March, 2019

Please send feedback/correspondence to:

Garth Gales
 Staff Scientist
 CorHealth Ontario
 Email: garth@corhealthontario.ca
 Tel: (416) 512-7472 x233

<https://www.corhealthontario.ca/Mitral-Valve-Clip-Outcomes-Report-March-2019.pdf>

Crowd Sourcing- Engaging a “crowd” or group for a common goal

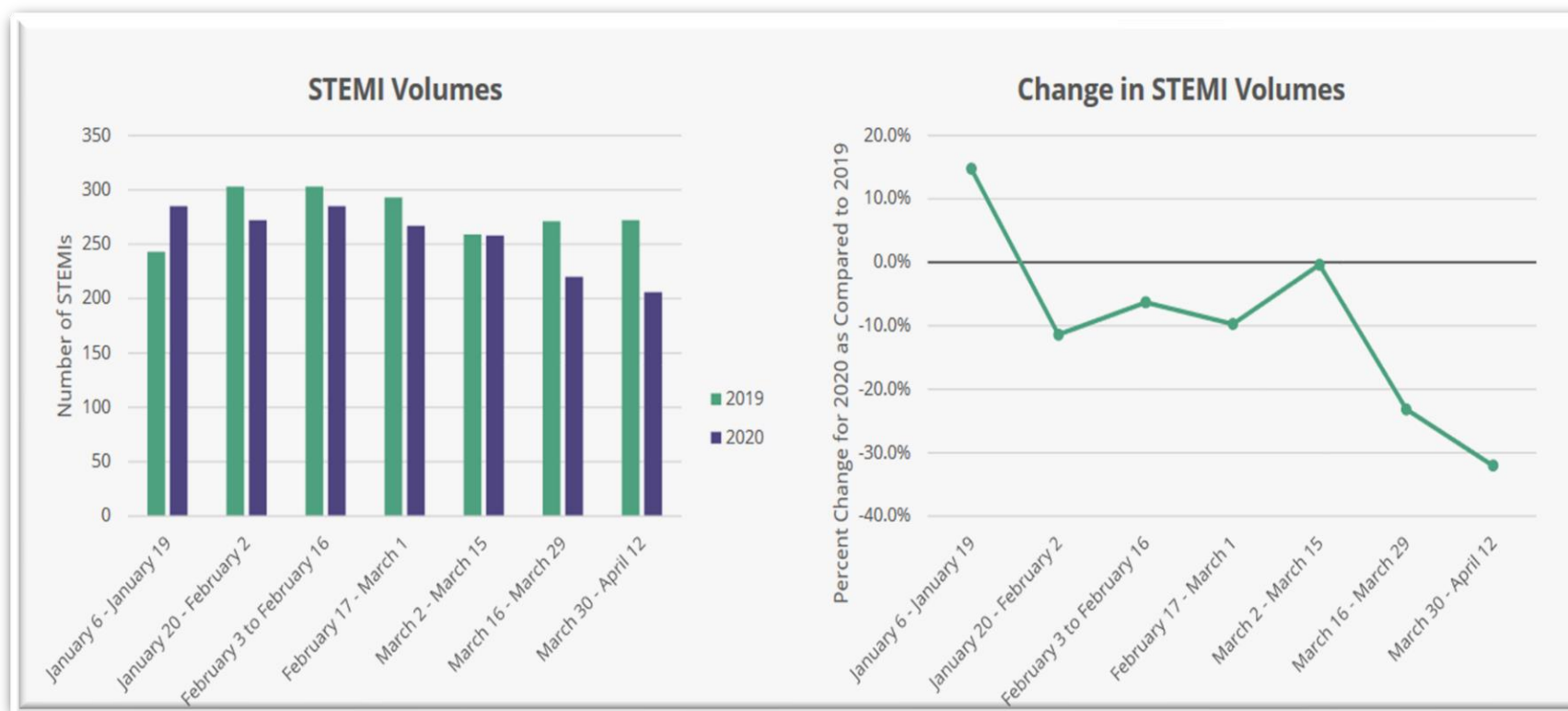


Four common types of crowdsourced tasks:

- Problem solving, to propose empirical solutions to scientific problems;
- Data processing, to perform several human intelligence microtasks to provide in total an analysis of a large amount of data;
- Surveillance or monitoring, to find and collect information into a common location and format such as the creation of collective resources; and
- Surveying, to answer a Web-based survey

Data driven conversations

Volumes of ST-Elevation Myocardial Infarction (STEMI) in 2019 (pre-COVID-19 pandemic) and the same time frame in 2020 (during COVID-19 pandemic)



Most of us are worried about COVID-19, but...

DON'T IGNORE HEART SYMPTOMS, ESPECIALLY IF YOU HAVE A HEART CONDITION.

Symptoms of a Heart Attack

- Chest pain
- Difficulty breathing
- Discomfort in your chest, arms, back, neck, shoulder or jaw

Call 911 if you think you are having a heart attack.

Heart attacks don't stop during a pandemic. Hospitals have safety measures to protect you from infection.

Have questions about COVID-19 and your heart condition? Need a health visit? Don't delay your routine care. **Call your doctor** for advice or to book a telephone appointment or a virtual visit using telehealth.

Canadian Association of Interventional Cardiology | Association Canadienne de cardiologie d'intervention | Canadian Cardiovascular Society

Evidence informed guidance for Ontario approach for cardiac care during COVID-19



Bumetanide Access Through the Exceptional Access Program (EAP) During COVID-19

APRIL 24, 2020

Brand name: Burinex® (Bumetanide)
1 mg tablet. DIN 00728284
5 mg tablet: DIN 00728276

BACKGROUND

Furosemide (Lasix®), is standard treatment and commonly used for patients with heart failure (HF) to help prevent or treat fluid accumulation. The absorption of Lasix is only about 50% of the oral dose under ideal conditions and is highly variable. Therefore, Lasix may become less effective over time in patients with worsening fluid accumulation because of the variable absorption and require this medication to be given intravenously in a hospital setting.

Bumetanide (Burinex®), is a more potent diuretic than Lasix. Bumetanide has a predictable



Memorandum

SUBJECT: CorHealth COVID-19 Cardiac Memo #12 - **RECOMMENDATIONS FOR AN APPROACH TO THE PROVISION OF CARDIOVASCULAR REHABILITATION DURING COVID-19 IN ONTARIO**

TO: Outpatient Cardiovascular Rehabilitation Stakeholders

FROM: Office of the CEO, CorHealth Ontario

DATE: May 12, 2020

TIME: 10:30 AM

VERSION: #1

DISCLAIMER: The information in this document represents general guidance based on current practice and available evidence. The document was developed by provincial clinical experts, reflecting best knowledge at the time of writing, and is subject to revision based on changing conditions and new evidence. This information is *intended* to be "guidance rather than directive," and is *not meant to replace clinical judgment, regulatory body requirements, organizational, or hospital policies*. Reference to Infection Prevention and Control (IPAC) or Personal Protective Equipment (PPE) in this document should not replace or supersede the IPAC and PPE protocols or directives in place at your hospital.

Recommendations for an Approach to the Provision of Cardiovascular Rehabilitation during COVID-19 in Ontario

PREAMBLE

COVID-19 is an unprecedented crisis and poses significant risk to the community as the landscape is

Facilitated urgent access (48 hours vs 6-week approval process) for oral medication for patients with heart failure without private insurance coverage

Delivering outpatient cardiovascular rehabilitation when in-person appointments are not available or extremely limited



Key Learnings from my Experience

- Take risks- try new opportunities and expand or leverage your 'tool kit' of skills in new settings
- Ask yourself- how can I continue to move the dial forward for improving health care at the patient/program/system level?
- Find a great mentor
- Networking is critical- make the conscious effort to build professional relationships (conferences, volunteer on committees or Boards)
- Carve out time for things that support your emotional wellbeing
- You can 'have it all'- just not all at the same time!



Dr. Heather Arthur