Leadership › Knowledge › Community
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MESSAGE FROM THE PRESIDENT AND THE CEO

Annual reports provide us with the opportunity to reflect on the accomplishments of the year just past. We are pleased to say this report shows that the Canadian Cardiovascular Society (CCS) is making a difference—to the profession, to cardiovascular health and care in Canada, and to Canadians.

Here are just a few CCS successes from 2010–2011 that you will find highlighted in these pages...

Our flagship publication, the Canadian Journal of Cardiology (CJC), is exceeding all expectations. With the new publisher, Elsevier, we have extended the CJC’s national and international availability. We have launched an online version and will be releasing an iPad pilot edition this year. We are on track to receive an estimated 850 submissions in 2011, compared to about 300 in 2010.

The highly successful 2010 Canadian Cardiovascular Congress brought more than 3,800 participants to Montréal last October for five days of workshops, research presentations, plenary sessions and networking opportunities.

We issued three new sets of guidelines to help professionals in the areas of atrial fibrillation, antiplatelet therapy and heart failure, as well as four position statements. Two of the guidelines made national news headlines, and generated many national and international requests for information.

A major accomplishment this year was to have three joint CCS-affiliate guidelines for training and maintenance of competency accepted for consideration under the Royal College of Physicians and Surgeons of Canada diploma program pilot. Subspecialty training programs in Level 3 echocardiography, electrophysiology and interventional cardiology are part of the initial phase. We will work with the College to implement the program over the coming months.

Through our smooth and professional accreditation process, we gave our seal of approval to more than 50 educational programs in 2010–2011, including symposia, webinars, online learning tools and workshops across the country. And this number is expected to grow in the coming year, given our reputation for high-quality programming.

With all these programs, services and opportunities for professional development, it is no wonder that the CCS now has more than 2,000 members—more than ever before. And, with our new membership system, members can maintain their membership and sign up for programs—all through our new member portal, My.CCS.ca.

As our membership continues to grow, the strength and reach of the organization grows with it. We sincerely thank members for their continued support. Our work would be impossible without the countless volunteer hours that members dedicate to committee work.

Blair O’Neill, MD, President
What’s next for the CCS

The CCS has just begun the first year of its 2011–2014 strategic plan. Under this plan, we will continue to focus on our key priorities of membership, knowledge translation and health policy advocacy.

Building on our new policy that governs the relationship with affiliates, we will continue to develop increased support resources for these specialty groups. These resources will help them achieve success and, in turn, strengthen the voice of the CCS on issues related to cardiovascular health and care.

We will seek to raise the profile of the CJC and increase its impact, not only for members but also for the profession as a whole and the broader health-care field. Beginning in January 2013, the CJC will go from six issues to 12 per year.

You can also expect to see new guidelines and position statements being updated or developed in 2012. Highlights include new guidelines for the use of cardiac resynchronization therapy in patients with heart failure, and position statements on dietary intervention in heart disease prevention and management, and safety and radiation exposure due to cardiac procedures.

As part of our commitment to implement the Canadian Heart Health Strategy and Action Plan recommendations, we are continuing our work to define quality indicators for care and develop Chapters 3 and 4 (coronary angiography/vascularization, heart failure and atrial fibrillation) of the Canadian Cardiovascular e-Data Dictionary. The CCS co-ordinates these projects on the part of data registry members and others from across Canada with support from the Public Health Agency of Canada.

The Canadian Cardiovascular Congress will continue to be a focal point of our activities. We will invest to ensure it remains a valued professional scientific and educational meeting for members in an era of revenue challenges.

We encourage you to visit the CCS website often during the coming months to learn more about our work on these and other priorities. You might also notice changes to the site itself, as we redesign it to better meet members’ online needs.

As the CCS prepares to celebrate its 65th year of leadership, innovation and community building in 2012, we will continue to be the strong voice on the national health-care stage, particularly during the run-up to the renewal of the 2004 health-care accord. In addition, the effective and responsible use of resources and management of the organization will remain a priority for us. We will also seek new and better ways for members to get the information and training they need. Finally, we will work with all our members to unite and continue to build the cardiovascular health and care community in Canada.

We invite you to join us!

Blair O’Neill, MD,
President
Anne Ferguson,
Chief Executive Officer

CCS Mission

The CCS is the national voice for cardiovascular physicians and scientists.

The CCS mission is to promote cardiovascular health and care through:

- knowledge translation, including dissemination of research and encouragement of best practices; and
- professional development, and leadership in health policy.

Blair O’Neill, MD,
President
Anne Ferguson,
Chief Executive Officer
MEMBERSHIP SERVICES

Strategic goal:
The CCS will implement a membership model that optimizes the CCS’ relationship with its own members, clarifies its relationships with other members of the cardiovascular health care community, and is financially sustainable.

For the first time, CCS members numbered more than 2,000 in 2011. Membership has increased by about 38 per cent since 2005. This included a 36 per cent increase in the number of regular members (practising clinicians and researchers) and 55 per cent growth in members-in-training (those in residency or other training programs).

To build on this success, the organization will continue to respond to members’ needs. The CCS will also seek to capitalize on the wide range of experience and expertise of our members—all for the benefit of Canadians, the profession and the CCS.

In 2010–2011, our membership-related initiatives not only focused on key segments of the membership (affiliates, community cardiologists and trainees) but also sought to enhance services and communications to all.

Enhancing the relationship with our affiliates

The eight CCS affiliates (listed below) are a key CCS constituency. These groups cover a number of specialty and subspecialty areas of cardiovascular care, and about half of the CCS membership is made up of professionals who belong to affiliates.

As the umbrella organization for the affiliates, the CCS provides important support to help them succeed, including secretariat services such as dues collection, member recruitment and communications. The relationship with the CCS also brings opportunities for the affiliate members to collaborate with colleagues in the broader cardiovascular community.

The CCS has included a specific commitment in its strategic plan for 2011–2014 to foster affiliate development. The CCS established a working group, chaired by Dr. Mario Talajic, to update the policy that sets out the terms of the CCS-affiliate relationship and make recommendations on how the CCS can best meet affiliates’ needs as the number of such organizations grows.

CCS membership continues to grow every year

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<td><strong>1,703</strong></td>
<td><strong>1,937</strong></td>
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Affiliate organizations and their presidents

- Canadian Adult Congenital Heart Network (Erwin Oechslin, MD)
- Canadian Association of Interventional Cardiology (Erick Schampaert, MD)
- Canadian Heart Failure Society (Jonathan Howlett, MD)
- Canadian Heart Rhythm Society (Andrew Krahn, MD)
- Canadian Nuclear Cardiology Society (Robert Iwanochko, MD)
- Canadian Pediatric Cardiology Association (Jennifer Russell, MD)
- Canadian Society of Cardiac Surgeons (Gregory Hirsch, MD)
- Canadian Society of Echocardiography (James Tarn, MD)
**Building the next generation**

After regular members, trainees are the second largest CCS member segment, accounting for nearly 700 members.

As the future of cardiovascular care in Canada, trainees are an essential part of our membership. Recognizing this, the CCS has an active trainee committee, chaired by Dr. Maral Ouzounian. The committee focuses on meeting the needs of those coming up through the profession.

Current CCS offerings are Trainee Review Programs in adult cardiology, pediatric cardiology and cardiac surgery, and the annual Trainee Day at the Canadian Cardiovascular Congress. The committee also updates the Trainee Fellowships Database, which lists fellowship opportunities in cardiovascular medicine. These initiatives have all been very well received by trainees, who have said they provide unique and crucial support to them during training and as they make the transition to the workforce. The committee will soon update the trainee website to make it the destination of choice for trainees looking for information on fellowships, funding and more.

Trainees are represented on all CCS standing committees and the CCS Council. Their active participation helps them greatly in getting to know and be recognized by their peers. Trainees bring fresh perspectives that rejuvenate the cardiovascular community.

**Investing in new services to meet members’ needs**

The needs of CCS members are diverse. As a membership-driven organization, the CCS realizes that to continue to be relevant it must tailor its services to its various membership segments, and provide programs and services of value. In the past year, the CCS has invested in technology to provide new services to members and to facilitate communications. A new association management system has made it possible for members to renew their membership, update their profile, donate to the Canadian Cardiovascular Society Academy™ and register for courses and continuing professional development programs online. Members may access these services through the new My.CCS.ca portal on the CCS website.

**2010–2011 membership services committees and their chairs**

- Adult Cardiology Trainee Review Program (Michael Froeschl, MD)
- Canadian Perspectives Planning Committee (Milan Gupta, MD)
- Cardiac Surgery Trainee Review Program (Yoan Lamarche, MD)
- Community Cardiologist Committee (Milan Gupta, MD)
- Membership Committee (Ross Davies, MD)
- Pediatric Cardiology Trainee Review Program (Kenny Wong, MD)
- Trainee Committee (Maral Ouzounian, MD)
- Trainee Day Planning Committee (Brian Potter, MD, and David Lin, MSc)
- CCS Affiliates Working Group (Mario Talajic, MD)

The CCS gives its members access to the latest cardiovascular information, research, position statements and guidelines through the Canadian Cardiovascular Congress (special rates), the Canadian Journal of Cardiology (free print and online subscription), CCS Online (our monthly newsletter), mobile apps and much more.
Helping trainees to succeed

As Dr. Maral Ouzounian finishes up her cardiac surgery residency at Dalhousie University in Halifax, she is all too aware of the challenges that face her and her colleagues as they move from the training phase of their career into independent practice.

The boards must be passed, fellowships secured, contracts negotiated, and the first few years of practice navigated.

Having attended Congress since 2003, Ouzounian joined the CCS in 2007 and soon signed up for the trainee committee, seeing it as an excellent venue not only for networking but also for contributing to the various programs and services the CCS offers trainees to help them succeed.

Four years later, Ouzounian is chair of the committee, serving also as trainee representative to the CCS Council and on the Canadian Cardiovascular Congress and strategic planning committees.

With the support of the CCS Academy, the trainee committee is focusing on managing ongoing exam preparation courses, redesigning the trainee website and fostering links between the research and clinical halves of the cardiovascular community, particularly at Trainee Day at Congress.

Through the Canadian Society of Cardiac Surgeons, a CCS affiliate, Ouzounian has co-authored two papers on the employment situation in cardiac surgery.

As the trainee representative for the CCS, she is working to raise the profile of this issue in the broader community.

The possibility for cross-fertilization among cardiovascular researchers and physicians is one of the strengths of the CCS, Ouzounian notes. “The great thing about the CCS is that it really brings together people from across the country in all areas of our field.”

Ouzounian encourages trainees to get involved in the CCS to reap the benefits and to make a difference. “We are the future of the Society. We need trainees to be active and engaged.”

To join or to find out more about the trainee committee, email trainees@ccs.ca.

Joining forces with affiliates to standardize training and improve patient care

What once was true is no longer, says Dr. Donald Palisaitis, a cardiologist at Montréal’s Hôpital du Sacré-Cœur and member of the Canadian Association of Interventional Cardiology (CAIC), a CCS affiliate.

“There is no such thing as a general cardiologist anymore,” explains Palisaitis. “All cardiologists have had additional sub-specialty training.”

With specialization comes benefits for patients but also challenges in terms of ensuring a standard level of training and care. “Training is currently subject to local initiatives that are different across the country,” says Palisaitis.

Enter the joint CCS/CAIC Guidelines for Training and Competency in Adult Interventional Cardiology. Published in 2011, the guidelines aim to bring much needed standardization to the training in the specialty of interventional cardiology.

“Since interventional cardiology is both high-risk and expensive, proper training ensures a consistently high level of care across Canada,” says Palisaitis, who headed the working group that developed the guidelines.

The CCS was key to the initiative, providing secretariat services and having members on the working group. The CCS also brought its national voice to the table, Palisaitis says. The CCS and the CAIC lobbied the Royal College of Physicians and Surgeons of Canada on the importance of training and standardization in the area of interventional cardiology, and each contributed to having the Royal College accept the guidelines for consideration as a diploma program.

Palisaitis admits that he first got involved in helping with the guidelines at the insistence of CAIC president Dr. Erick Schampaert, who was continuing the work of past presidents. “The importance of the project was obvious to me,” says Palisaitis, who in addition to being a clinician is also assistant professor of medicine and program director at the Université de Montréal. “The field of interventional cardiology continues to rapidly develop; the quality of the teaching must follow suit.”
Knowledge translation is a priority for the CCS. Through programs and services for professionals in all segments of cardiovascular medicine, we aim to help bridge the gap between research and day-to-day practice.

Canadian Journal of Cardiology

CCS members now own the Canadian Journal of Cardiology (CJC). In 2010, the CCS purchased the CJC and partnered with a new publisher, Elsevier, which also publishes The Lancet and other prestigious medical journals. We expect this partnership will enhance the CJC and the global impact of Canadian cardiovascular research and expertise.

All CCS members receive the journal in print and online as part of their membership. In addition, the CJC is available to most Canadian, and many international, libraries and health institutions through the online platform Science Direct®. Dissemination of the journal to a broad cross-section of readers allows for increased knowledge translation and recognition of quality Canadian cardiovascular research.

Guidelines and position statements: best practices in cardiovascular care

The CCS has a comprehensive library of guidelines and position statements, and it continues to grow; we published three guidelines and four position statements in 2010–2011. Each contains the current thinking on a specific cardiovascular illness or clinical challenge.

2010–2011 guidelines

- 2010 Canadian Cardiovascular Society Heart Failure Guidelines Update
- 2010 Canadian Cardiovascular Society Atrial Fibrillation Guidelines
- 2011 Canadian Cardiovascular Society Antiplatelet Therapy Guidelines

2010–2011 position statements

- Recommendations for the Use of Genetic Testing in the Clinical Evaluation of Inherited Cardiac Arrhythmias Associated with Sudden Cardiac Death: Canadian Cardiovascular Society/Canadian Heart Rhythm Society Joint Position Paper
- Smoking Cessation and the Cardiovascular Specialist: Canadian Cardiovascular Society Position Paper
- Standardized Approaches to the Investigation of Syncope: Canadian Cardiovascular Society Position Paper
- Systematizing Inpatient Referral to Cardiac Rehabilitation 2010: Canadian Association of Cardiac Rehabilitation and Canadian Cardiovascular Society Joint Position Paper

One of our principal goals is to give CJC a reputation as a journal that is responsive to the needs of authors, and is therefore an attractive place for Canadian and international researchers to publish.

Stanley Nattel, MD
Editor-in-Chief,
Canadian Journal of Cardiology
Countless volunteer hours go into producing these documents and running complementary knowledge translation programs. In addition, the CCS Guidelines Committee oversees the overall guidelines program, ensuring its long history of quality and relevance continues.

**Expanding the range of knowledge translation tools**

In 2010–2011, the CCS introduced smartphone apps for Blackberry, iPhone, iPod and iPad to help cardiovascular professionals translate evidence-based information into clinical practice. These apps have been downloaded more than 10,000 times around the world, showing that apps provide an exciting opportunity for knowledge translation. Members of the cardiovascular community can access new knowledge in a number of other ways that suit their learning style and schedule. On the CCS Guideline Programs website (www.ccsguidelineprograms.ca), for example, learning tools and resources include pocket cards, slide sets, webinars and podcasts.

**2010–2011 knowledge translation committees and chairs**

- Atrial Fibrillation Knowledge Translation Program (Anne Gillis, MD, and Allan Skanes, MD)
- CCS Financial Strategies Working Group (Charles Kerr, MD)
- CCS Honoraria Policy Working Group (Charles Kerr, MD)
- Congress Advisory Committee (CCS Co-Chair, Rob Beanlands, MD)
- Continuing Professional Development Committee (Paul Hendry, MD)
- Guidelines Committee (Michelle Graham, MD)
- Heart Failure Knowledge Translation Program (Robert Mckelvie, MD)
- Heart Failure Guidelines Workshop Initiative (Justin Ezekowitz, MBBCh, MSc)
- Jewel Document Working Group (George Wyse, MD)
- Local Arrangements Committee (Nadia Giannetti, MD, and Renzo Cecere, MD)
- Scientific Program Committee (Philippe Pibarot, PhD)

Dedicated teams of cardiovascular physicians and allied health experts develop the CCS guidelines to provide the guidance, tools and resources needed to assist health-care professionals in the day-to-day care of cardiovascular patients in Canada.

Find a complete list of CCS guidelines at www.ccs.ca/guidelines/index_e.aspx.

**Advancing Professional Development through Accreditation**

For almost a decade, the CCS has accredited professional educational programs such as symposia, conferences, webinars, online learning programs and workshops. In 2010–2011, the CCS accredited 50 programs, and we expect to exceed that number in 2012. All programs must meet the standards of the Canadian Medical Association and the Royal College of Physicians and Surgeons of Canada. The accreditation process ensures a program is relevant to cardiovascular professionals. It also ensures program content is objective and balanced.
Canadian Cardiovascular Congress

Strategic goal: The CCS will ensure the ongoing viability and quality of the Canadian Cardiovascular Congress.

Building on the very successful 2010 Canadian Cardiovascular Congress (CCC), the CCS worked this year to develop a high-quality program for the increasingly diverse cardiovascular care community.

For example, in 2011—in a first for Congress—two Canadian and two American doctors discussed the merits of the best practices in their respective countries. This “coffee table” discussion aimed to promote better understanding, dispel myths and improve care on both sides of the border.

Improving how participants access the preliminary and final Congress programs, offering more hands-on learning experiences and enhancing the Community Forum are just a few of the other ways we are improving the Congress experience.

We look forward to seeing you in Toronto in 2012!

2011 Congress scientific program offerings

• 545 abstracts
• 15 plenary sessions
• 29 workshops and two spotlight sessions
• 20 clinical cases
• 7 Late-Breaking and Featured Clinical Trial submissions
• 15 accredited symposia

In a survey of participants at the 2010 Congress, 80 per cent said that the main reason they attend this national event year after year is that it provides an unparalleled opportunity for continuing professional development.

Sharing cardiovascular knowledge with those who need it

New knowledge in the field of cardiovascular medicine is being created every day. But getting that knowledge into the hands of practising cardiologists and health professionals is very challenging, says Dr. Justin Ezekowitz, Chair of the Heart Failure Guidelines Workshop Initiative of the CCS.

“Understanding that there is information out there is one thing, but getting it into a useable format and then putting it into practice is quite another,” says Ezekowitz. “There are a number of steps to doing this, and the process is not the same for everyone.”

In light of this, the CCS has developed an innovative multi-pronged approach to knowledge translation involving, for example, workshops, online tools, pocket cards and webinars.

The workshop initiative Ezekowitz leads follows a similar approach to best meet the needs of various groups seeking the latest knowledge. The 10 or so heart failure workshops that the CCS and other volunteers present annually focus on the latest guideline update. However, each session varies to suit the audience. For example, Ezekowitz and his team developed what he calls Heart Failure 101, a workshop targeted to groups such as nurses and family physicians.

“They want confirmation of what they learned in their training, as well as to hear about recent developments and how to apply them,” says Ezekowitz.

The CCS has been incredibly supportive of the initiative, according to Ezekowitz. “They took a bit of a leap of faith in allowing the five-year process we designed to unfold.”

For Ezekowitz, who is director of the University of Alberta’s Heart Function Clinic, being part of the initiative has benefited him personally.

“I’m not a natural educator, but it’s been a good experience to increase my own skills about how best you can train others,” he explains. “I learn something new every time, and I like that.”
The CCS endeavours to make a positive impact on patient health and care as well as the health system, so patients get care when they need it. The expiry of Canada’s health-care accord in 2014 will put the spotlight on CCS health policy and advocacy activities. Given that cardiovascular disease represents the leading cost for Canada’s health-care system, the CCS is in a unique position to suggest system enhancements for improving access to and quality of care, and fostering a more sustainable system.

Facilitating access to cardiovascular care throughout the patient journey

The CCS continues to make a difference in improving access to cardiovascular care in Canada at every stage of care.

The CCS is a member of the Canadian Medical Association’s Wait Time Alliance, and Dr. Chris Simpson, CCS member-at-large, is the Alliance’s chair. The Alliance’s annual report card grades provinces and territories on actual wait times for various medical procedures against their own benchmarks. The CCS has a strong national voice in the wait time discussion and has been instrumental in shaping the Alliance’s focus on waiting for care across the patient continuum.

The CCS continues to establish evidence-based benchmarks for access to cardiovascular services and procedures at every stage of the patient journey—from access to the specialist consult through to cardiac rehabilitation and secondary prevention. In April 2011, the CCS and the Canadian Association of Cardiac Rehabilitation published a position statement on the importance of health-care providers referring patients to cardiac rehabilitation within defined wait times to help reduce the risk of death and improve quality of life.

Implementing the Canadian Heart Health Strategy and Action Plan recommendations

The CCS continues to play a lead role in implementing several key recommendations from the Canadian Heart Health Strategy and Action Plan, with funding from the Public Health Agency of Canada. This includes working with stakeholders across the country to develop quality indicators for cardiovascular care and data definitions for cardiovascular patient registries. This will facilitate “apples to apples” comparison of data, which can help address barriers to knowledge translation for care and generate a more comprehensive picture of the cardiovascular health and care of Canadians.

The CCS advocates for quality cardiovascular care by working to shape health-care policy in Canada to improve standards of care and patient outcomes.

To date, consensus has been achieved on the first two chapters of the Canadian Cardiovascular e-Data Dictionary: core elements and demographics, and acute coronary syndrome. Chapters on coronary angiography/revascularization, heart failure and atrial fibrillation are in development. The national, multi-stakeholder Data Definitions Steering Committee, chaired by Dr. Christopher Buller, oversees this work.

On the quality indicators side, the national steering committee (chaired by Dr. David Johnstone) is working with stakeholders across the country to...
identify quality indicators for atrial fibrillation and heart failure. The goal is to embed these indicators in CCS clinical practice guidelines and augment other efforts to improve cardiovascular health and care.

Information related to these initiatives can be found on the CCS website.

**Establishing Guidelines for Training and Maintenance of Competency**

The CCS Working Group on Guidelines for Training and Maintenance of Competency produced jointly branded guidelines for training and maintenance of competency with three CCS affiliates—the Canadian Society for Echocardiography, Canadian Heart Rhythm Society and Canadian Association for Interventional Cardiology. The CCS and affiliates developed the guidelines over the past three years using expertise from across the country in each of the specialty areas. The guidelines are now available on the CCS website (www.ccs.ca/guidelines/Training_library_e.aspx).

As a parallel initiative, the Royal College of Physicians and Surgeons of Canada is working with these guidelines within its diploma program pilot. The program seeks to recognize areas of expertise that meet a legitimate societal need but do not meet the criteria of a subspecialty. The program will ensure that all physicians who successfully attain the Diplomate of the Royal College of Physicians and Surgeons of Canada (DRCPSC) credential have equivalent training and competence in their area of expertise.

According to the 2009 member survey, three quarters of CCS members considered advocacy activities to be highly important.

**Streamlining patient flow from primary to specialty care: the national pathways initiative**

In the winter of 2010, the CCS was chosen to represent cardiovascular medicine as a highlighted specialty for Health Canada’s pathway development program. Five CSS members will contribute to the development of a national referral pathway for their areas of expertise. Dr. Chris Simpson is leading the participation of the CCS in this initiative. The project is a good fit with the CCS goals for access to care, including advocating for the adoption of benchmarks and providing expert advice on access issues.

**Advocacy and influence through media presence, international involvement and partnerships**

As a national organization, the CCS speaks for its membership and works with other organizations both nationally and internationally to influence health policy. Early in 2011, the CCS created the External Relations Working Group, chaired by Dr. Eva Lonn, to foster our relationships with a cross-section of organizations. Developing joint policy statements, guidelines, government submissions and educational programming, and exchanging information allow the CCS to have a larger and broader voice in areas of strategic priority. This year, the CCS hosted cross-border policy discussions with the American College of Cardiology, worked with the Heart and Stroke Foundation of Canada on advocacy advertisements, and provided input to the first UN Summit on Non-communicable Diseases through the World Heart Federation. The CCS will continue to augment key relationships throughout the coming year.
2010–2011 health policy and advocacy committee and working group chairs

- Quality Indicators Steering Committee (David Johnstone, MD)
- Data Definitions Steering Committee (Christopher Buller, MD)
- Atrial Fibrillation Quality Indicators Chapter Working Group (Jafna Cox, MD)
- Heart Failure Quality Indicators Working Group (Robert McKelvie, MD)
- Core Elements and Demographics Data Definitions Chapter Working Group (Karin Humphries, PhD, Ross Davies, MD)
- Acute Coronary Syndrome Data Definitions Chapter Working Group (William Cantor, MD)
- Coronary Angiography/Revascularization Data Definitions Chapter Working Group (Eric Cohen, MD)
- Guidelines for Training and Maintenance of Competency (Catherine Kells, MD)
- National Pathway Development Project (Chris Simpson, MD)
- Standing Committee on Access to Care (Chris Simpson, MD)
- CCS External Relations Working Group (Eva Lonn, MD)

Coalitions and CCS representatives

- Wait Time Alliance (Chris Simpson, MD, chair)
- Society of Obstetricians and Gynecologists of Canada’s Canadian Menopause Coalition (Michelle Turek, MD)
- CCS Representative to the InterAmerican Society of Cardiology (Diego Delgado, MD)

Championing a patient-centred approach to care

How long patients have to wait for various medical procedures generates countless headlines each year. But, according to Dr. Chris Simpson, this is only one part of the access to care story. Simpson is chair of the CCS Standing Committee on Access to Care as well as chair of the Canadian Medical Association’s Wait Time Alliance.

“This experience [waiting for a single procedure], while important, doesn’t reflect patients’ total health-care experience,” Simpson says. Recognizing this, the CCS is championing a broader, patient-centred view of access to care that encompasses the entire patient journey. The committee developed a set of wait time benchmarks for every conceivable cardiac consultation, test and procedure, Simpson notes.

The committee’s wait list benchmarks have achieved wide acceptance and feedback from the full range of stakeholders. “We can learn from people both inside and outside health care,” he says. “Our goal is to fix congestion and bottlenecks in flow, and to explore ways to create more seamless transitions for patients as they move through the system.”

For Simpson, who is chief of cardiology at Queen’s University, working with the CCS on access to care issues confirmed something that he had long felt.

“Providers are altruistic—we want to do what is right and good—but we feel powerless when the patient passes from our sphere of influence and on to their next encounter,” Simpson explains. “A real system of care focuses on making this about the patient’s entire journey, with the patient at the centre of everything we think, everything we do.”

Simpson is of the view that the CCS is well positioned to help lead this change. The access to care agenda rises and falls with the political winds. “We have to be prepared to align our sails accordingly,” he says. “Wherever there is a discussion about timely access to quality care, the CCS will be there.”

For more information about the benchmarks developed by the CCS and other member organizations of the Wait Time Alliance, please visit www.waitalliance.ca.
Celebrating excellence: 2011 CCS award recipients

The annual CCS annual awards give members an opportunity to recognize the outstanding contribution of their peers in a number of areas of cardiovascular medicine. The following are this year’s recipients, who were honoured at the Canadian Cardiovascular Congress.

- Annual Achievement Award: Peter Liu, MD
- Research Achievement Award: John Floras, MD
- Distinguished Teacher Award: Ken Gin, MD
- Dr. Harold N. Segall Award of Merit: Canadian Heart Health Strategy and Action Plan
- Young Investigator Award—Clinical Science Category: Harindra Wijeysundera, MD
- Young Investigator Award, Runner-Up—Clinical Science Category: Vincent Chan, MD
- Trainee Excellence in Education Award: Jay Udell, MD

Announced at the 2011 Canadian Cardiovascular Congress

Student Presentation Award Recipients

2010–2011 nominating committees and chairs

- CCS Nominations and Awards Committee (Lyall Higginson, MD)
- Research Achievement Award Selection Committee (Bruce McManus, MD)
Complete financial statements and the auditor’s report for the 2010–2011 fiscal year are available to any CCS member upon request.
EXECUTIVE COMMITTEE AND COUNCIL

Blair O’Neill, MD, President
Mario Talajic, MD, Vice-President
Charles Kerr, MD, Past-President
Milan Gupta, MD, Treasurer
Ross Davies, MD, Secretary
Chris Simpson, MD, Member-at-Large
David Bewick, MD, Council Member
Renzo Cecere, MD, Council Member
Michelle Graham, MD, Council Member
Simon Jackson, MD, Council Member
Andrew Krahn, MD, Council Member
Eva Lonn, MD, Council Member
Maral Ouzounian, MD, Council Member and Trainee Representative
Thomas Parker, MD, Council Member
Andrew Warren, MD, Council Member
Michel White, MD, Council Member
Rodney Zimmerman, MD, Council Member

Ex-officio members
Stanley Nattel, MD, Editor-in-Chief, Canadian Journal of Cardiology
Philippe Pibarot, PhD, Chair, Scientific Program Committee
Marla Kiess, MD, Co-Chair, Local Arrangements Committee
Stephen Pearce, MD, Co-Chair Local Arrangement Committee
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