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2006 Heart Failure Consensus Conference Recommendations Program

National Workshop Initiative
Planning Document



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Letter of Introduction

RE: CCS Heart Failure Consensus Recommendations Program – National Workshop Initiative

We wish to take this opportunity to express our sincerest gratitude for your interest in the CCS Heart Failure Consensus Recommendations Program – National Workshop Initiative.

We are pleased to offer the enclosed document which outlines the workshop initiative including objectives, compliance with Section 1 learning activities as defined by the Royal College of Physicians and Surgeons of Canada and overall activities and expectations of Faculty.

We are also pleased that ACC-Lake Louise will be the first of four venues across Canada where we will be conducting highly innovative and interactive workshops throughout 2006.

These Workshops are part of an ambitious CCS program designed to identify best practices in Knowledge Translation and how they might impact both clinical practice patterns and health outcomes.

As such, the workshops form a key strategy for the overall dissemination and implementation of the 2006 CCS Heart Failure Consensus Recommendations. Further, the workshops are designed to actively engage the Canadian cardiovascular community in the ongoing usage and refinement of these evidence-based recommendations.

Please feel free to contact John Parker (parker@ccs.ca) who will be happy to address your questions and comments on any aspect of this initiative.

Your interest and participation in the National Workshop Initiative will prove invaluable in realizing the important goals of the CCS Heart Failure Consensus Recommendations Program.

We are genuinely grateful for your continued support and interest and look forward to completing this important next stage of this project with you.

Kindest regards,

Heather Ross MD
Chair CCS Consensus Conference Committee

Malcolm Arnold MD
Chair CCS Heart Failure Consensus
Conference

John Parker MN
Director Knowledge Translation

Jonathan Howlett MD
Co-Chair CCS heart Failure Consensus
Conference



Planning Document Purpose

- To integrate the National 2006 CCS Heart Failure Consensus Recommendations Workshops into the overall CCS Heart Failure Consensus Recommendations Program
- To address the major recommendation of the 2005 CCS Member Needs Survey that CCS must return to a grass roots organization to better fulfill the needs and expectations of its membership
- To insure the ACC-LL workshop, and all subsequent workshops, achieve RCPSC Section 1 Learning Activity adherence/compliance
- To clearly identify Learning Needs, Planning Committee, Learning Objectives and Ethical Standards of the National Workshop Initiative



National Workshop Schedule

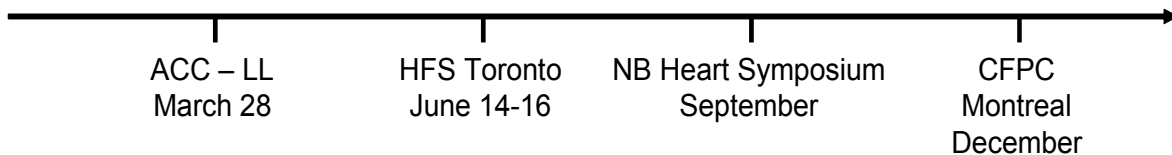
The CCS 2006 Heart Failure Consensus Recommendations Workshops will be offered at four established cardiovascular meeting venues during 2006. Together, these four workshops comprise the National Workshop Initiative of the CCS Heart Failure Consensus Recommendations Program.

Efforts will be made to elicit and integrate feedback into each successive workshop. This will allow the Workshop Planning Committee to continuously measure workshop performance and introduce incremental program improvements on an as-indicated basis.

Given the national workshops are part of a broader integrated strategy for dissemination and implementation of the 2006 CCS Heart Failure Consensus Recommendations Program, alignment with the broad objectives of this Program is critical.

The venues and dates of the four workshops proposed for 2006 are depicted below.

National 2006 CCS Heart Failure Consensus Recommendations Workshop Schedule





ACC-LL Workshop – RCPSC Compliance

The CCS has identified four development criteria for program planners that fulfill compliance requirements for a Section 1 Learning Activity as defined by the Royal College of Physicians and Surgeons of Canada (RCPSC) – Learning Needs, Planning Committee, Learning Objectives and Ethical Standards.

Given CCS is an accredited provider of the RCPSC, fulfillment of these criteria enables CCS to approve the ACC-LL Workshop as an approved Section 1 activity.

Each of these four criteria is addressed below.

1. Learning Needs: the activity must address the learning needs of the target audience *

Who comprises the Target Audience?

- Regional/local opinion leaders, community specialists, nurses, CV Residents/Trainees

How were the learning needs of the target audience identified?

- Face-to-face interviews involving patients, general practitioners, nurses, internists, community cardiologists and specialists across three heart failure clinic pilot sites
- Surveys and interviews involving the Primary Panellists of the 2006 CCS Heart Failure Consensus Recommendations Program
- Surveys and interviews involving the thirty-five member Advisory Roundtable of the CCS Heart Failure Consensus Recommendations Program



What academic, observed and/or perceived sources of information were used to define the content of this activity?

- CCS' formal consensus conference update process applied to CCS Heart Failure Consensus Recommendations Program
- Face-to-face interviews, surveys and online questionnaires

What gaps in knowledge, skills and/or attitudes were identified for this activity?

- Guidelines are relatively unknown in Canada except among specialist communities
- Target audience is unaware of CCS Heart Failure Consensus Recommendations Program
- Target audience infrequently refers to CCS Heart Failure Consensus Recommendations Program in day-to-day practice
- Current CCS Heart Failure Consensus Recommendations Program has limited impact on clinical practice patterns
- Currently few educational opportunities for CCS Heart Failure Consensus Recommendations Program

*** See Appendix A for complete end-user needs assessment report**

2. Planning Committee: the activity's Planning Committee must be representative of the target audience

Who are the members of the planning committee?

- Jonathan Howlett MD
- Simon Jackson MD
- Debra Isaacs MD
- John Parker MN
- CCS Support Staff



How is the Planning Committee reflective of the target audience?

- Representative of multi-disciplinary end-users
- Consistent with end-users involved in needs assessment
- Representative of geographic interests across Canada

Who is the Chair of the Planning Committee?

- Jonathan Howlett MD

Who serves as the CCS Representative on the Planning Committee?

- Simon Jackson MD

3. Learning Objectives: Must address learning needs identified by target audience

What are the learning objectives for this activity?

- To address learning needs identified in end-user needs assessment
- To broaden usage of CCS HF guidelines
- To better understand CCS HF guidelines and their implications in day-to-day practice
- To improve integration of CCS HF guidelines into daily practice
- Familiarize use of CCS HF clinical learning/implementation tools
- To facilitate further dissemination of HF guidelines to primary care settings

How are the learning strategies linked to the program evaluation strategy?

- The evaluation focuses on specific changes in knowledge, attitudes and perceived skill as a consequence of the workshop
- E.g. pre/post test, questionnaire, face-to-face interview, follow-up phone/web-based interview
- Collaborate with known guidelines development expertise – Simon Jackson, Jack Tu, Ian Graham



What changes in knowledge, skills and/or attitudes will be achieved through this activity?

- Heightened awareness of CCS guidelines
- Increased numbers of active participants/contributors to ongoing guidelines development and refinement
- Active/enthusiastic/committed participants in dissemination and implementation of guidelines
- Engaged end-users who are knowledgeable about guidelines tools and use
- Improvements in understanding HF recognition, disease management and treatment skills

What interactive activities will be integrated into this activity?

The Planning Committee has considered a number of possible options including -

1. Case-based, touch pad technology where cases are discussed, options are given in multiple choice format with open discussion followed by display of answer
 - Questions should be of varying degrees of difficulty to engage participants
 - Follow-up questions i.e. “which of the following would cause you NOT to do that?” where the answer is one of two options
 - E.g. starting ACEI – four options, then, which of the following would cause you not to choose the recommended option (e.g. ARF, allergy, diarrhea, no money)
2. video of patient interview, interaction
 - ‘Merck’ video produced by J Howlett parsed into case-based, touch pad technology questions
3. three or four cases, each offered using a different strategy
 - video, conventional case presentation,
 - ‘where’s Waldo format’
 - i.e. “how many level 1 recommendations were broken/followed in this case”, demonstration of implementation tools



- MUST complete evaluation
- 4. three or four cases of where's Waldo format utilizing, touch pad, open discussion
- 5. one diagnosis, one disease management (video), remaining will be collage of primarily therapeutic cases – each case emphasizing one or more Level One Recommendations

What are the activity schedule, timing and sequence of learning strategies and faculty for this activity?

- Pre-test and snack
- Greeting & Introduction & House Keeping
- CCS Guideline and Implementation Process and Why this Workshop Matters
- Case 1 (straight forward case)
- Case 2 (Video)
- Case 3 (Where's Waldo – competition for room night, one-day registration fee, or similar prize)
- Demonstration of Tools
- Wrap-up
- Post-test & Evaluation
- Open Invitation to Participate
- Invitation to participate in Toronto, St John, Montreal

How Many Times will the activity be repeated?

- Four – ACC-LL, Toronto Heart Failure Summit, New Brunswick Heart Symposium, CFPC Meeting

What opportunities will enable participants to identify learning and impact on practice?

- comparison of individual knowledge, attitudes and skills with others through touch pad technology opportunities and interaction with faculty and co-participants
- Pre-test and post-evaluation of success of meeting learning objective



How will the Participants be encouraged to reflect on the content of the activity?

- Through provision/demonstration of learning and implementation tools
- Through active and open encouragement for ongoing participation in CCS HF CC Initiative
- Completion of formal evaluation questionnaire
- Accredited Section 1 learning activity

4. Ethical Standards: The learning activity must adhere to CMA/CEMCQ standards

Does the Planning Committee have complete control over topic, content and invited speakers?

- Yes

What steps has the Planning Committee taken to ensure scientific validity, objectivity and completeness of content?

- CCS Consensus Conference Development Process (Primary Panel update development, Secondary Panel/CCS Membership Review)
- Established evidence review/rating system
- CCS unrestricted, pooled-investment model
- End-user needs assessment by third party
- Multi-disciplinary Primary Panel
- Complete disclosure of all members of the Primary Panel(see Appendix B)
- Compliance to AGREE standard
- Mandatory conflict disclosure for Primary Panel and Planning Committee

Are members of the Planning Committee and Faculty required to formally disclose potential conflicts of interest?

- Yes – Refer to Appendix B for CCS Disclosure Statement



Have all forms of unrestricted funding been identified?

- Yes – Refer to Appendix C for Executive Summary of the CCS 2006 Heart Failure Consensus Recommendations business plan and funding model

What steps are taken to insure that specific commercial products are not identified in all print, electronic, advertising and presentation media?

- generic drug naming, no advertisements, acknowledgement of support as unrestricted grants



ACC-LL Faculty Background

Each faculty member is to provide a brief (two paragraph summary of CV along with photo, if possible). Proposed Faculty include:

- J Howlett, Chair – Heart Failure Expert, Transplantation, Extensive experience serving on national/international guidelines committees, Chaired national symposia for heart failure, residency training committees, Chair/Planner of RCPSC-approved CPD programs and regional meetings
- S Jackson – Heart Failure Expert, Transplantation, adult education training (Dundee), pulmonary arterial hypertension expertise, Chair/Planner of RCPSC-approved programs and regional meetings, Director of Residency Training Committee
- N Gianetti – Nadia Giannetti is a cardiologist who specializes in heart failure and heart transplantation. She trained in medicine, internal medicine, and cardiology at McGill University, and pursued her fellowship training in heart failure and transplantation at Stanford University. Dr. Giannetti set-up the Heart Failure and Heart Transplant Centre at the McGill University Health Centre, and holds the position of Medical Director there. Her main research interests involve gender-related issues in heart failure and long-term post-heart transplantation complications.
- D Isaacs – Dr. Debra Isaac started her career in health care as a registered nurse, working as a staff nurse and nurse educator in the Intensive Care and Cardiac Intensive Care Units in Winnipeg and Calgary. She obtained her MD degree and completed her residency training in Internal Medicine at the University of Calgary. She then completed a fellowship in Cardiology at Northwestern University in Chicago, and has also completed clinical and research fellowships in Echocardiography, Heart Failure, and Cardiac Transplantation.



She is currently an Associate Clinical Professor of Medicine at the University of Calgary, Director of Cardiac Transplant at the Foothills Medical Centre, and Medical Director of the Echocardiography Lab at Rockyview General Hospital. She also runs a heart failure clinical research program at the University of Calgary's Heritage Medical Research Clinic.

- M Arnold - Malcolm Arnold graduated first in his class from Queen's University Belfast, and received many undergraduate awards. He graduated with first class honours in Physiology and with honours in his medical degree (awarded to four individuals in the graduating class). He received further post-graduate training at Harvard Medical School and Brigham Women's Hospital in Boston, Massachusetts when he was a British-American Fellow of the British Heart Foundation and the American Heart Association.

On appointment to the University of Western Ontario, he received a Career Health Scientist Award from the PMAC Health Research Foundation for five years, and is presently staff cardiologist at London Health Sciences Centre, Victoria Campus in London, Ontario, and Professor of Medicine, Physiology, and Pharmacology at the University of Western Ontario in London, Ontario, Canada. He also holds the position of Director of Research Affairs for the Division of Cardiology, and is the Circulation Group Program Leader at Lawson Health Research Institute. Dr. Arnold is Chair of the Canadian CHF Clinics Network, has served as Chair of the University of Western Ontario Department of Medicine Research Committee, and received the Dean's Award of Excellence for Research. At Victoria Hospital, he established both a clinical and research program in heart failure, which has achieved national and international recognition



In 1988, he received the Kenneth Piasfsky Young Investigator Award from the Canadian Society for Clinical Pharmacology, and his current research is supported by both the Heart and Stroke Foundation of Ontario and the Canadian Institutes for Health Research.

He is a frequent invited lecturer at national and international meetings, and has authored more than twenty book chapters, theses, and reviews, and has written more than one hundred and twenty manuscripts, more than two hundred abstracts, and many CME publications. He has been Chair of the Medical Advisory Committee of the HSFC, and has acted as referee for many granting agencies and journals.

Dr. Arnold has been a member of the Cardiovascular B Committee of the MRC and CIHR Grants Review Committee, the Senior Personnel Awards Committee, and the Cardiovascular Review Committee of the Heart and Stroke Foundation of Canada, and sits on the Editorial Board of the Canadian Journal of Cardiology and the Journal of Cardiac Failure.

He has served as a member of the Canadian Cardiovascular Society Scientific Program Committee, and was Chair of the Committee for 1997 and 1998. He has been a member of the Steering Committee for many important clinical trials, including CARE, SAVE, HEART, HOPE, RESOLVD, ELITE-2, OVERTURE, AF/CHF, STICH, and others. He has supervised many undergraduate and post-graduate students, and has had ten MSc students and two PhD students. Dr. Arnold's particular areas of research interest are the therapeutic management of patients with heart failure, changes in the sympathetic nervous system and vasculature in patients with heart failure, the prevention of ischemic heart disease, and the application of clinical trials to clinical practice.



ACC-LL Equipment Requirements

The following is a preliminary list of equipment requirements for the ACC-LL Workshop. Final requirements will be determined by final format and logistical possibilities of the ACC-LL Workshop.

- Plenary Room
- Three break out rooms
- Foyer with food set-up
- Amphitheater format (half circle, broken in middle)
- Two screens
- Two LCDs, PA system, table for handouts and tools
- Reprints of HF Guidelines
- One computer with uploaded files
- Raised dais with lectern
- Portable mics (2), one floor mic, four table mics
- Touch pads



ACC-LL Expectations of Faculty

The Faculty members are expected to meet the following requirements of the preparation and delivery of the ACC-LL Workshop: following is a preliminary list of equipment requirements for the ACC-LL Workshop.

- Each faculty member deals with one case
- During the meeting, each is the primary discussant of this case
- Each Faculty must submit to Jonathan one case, along with touch pad compatible questions – Jonathan will determine the topic, format and supply the graphics
- Teleconference Schedule
 1. Goals, action items and Schedule (end-January)
 2. Confirm deliverables, address outstanding issues (End-February, Early March)
 3. Additional Teleconferences (as needed)
- Face-to-face meeting day before/of at Lake Louise
- Pre and Post Tests and questionnaires exploring knowledge, skills and attitudes will be prepared by a sub-committee of Simon Jackson and John Parker, working with appropriate expertise including Jack Tu (CCORT) and I Graham (AGREE)



ACC-LL Project Management

CCS has engaged the services of Expert Opinions Clinical Impact for overall coordination of Workshop preparation and logistical management of the workshop at ACC-LL. This coordination and management includes:

- Confirmation and logistic support of all Faculty members (see above)
- Travel arrangements for faculty and CCS
- Venue selection and liaison with conference organizing committee
- Liaison with CCS for administration, scheduling and programs
- Pre and Post event coordination of secondary suppliers (Catering, AV, Hallmark Meeting Service, Ground Transportation)
- Payment and management of secondary supplier invoices
- Invitations-Coordination of design, content, printing and distribution to CCS members, ACC-LL delegates, CV nurses, hospital based pharmacists and heart failure clinics in AB and BC
- Programs-Coordination of design, content and printing
- Agenda-Coordination of speakers' presentations and printed materials, coordination of 3 faculty conference calls, coordination of touch-pad questions with faculty case studies
- Evaluation-Coordination of pre and post program evaluation and summary to CCS and faculty
- Approval of all of the above by John Parker (CCS) and Jonathan Howlett (Faculty Chair)



Appendix A: ACC-LL- Needs Assessment

The imbedded document contains the Executive Summary of the needs assessment conducted by CSS for the 2006 Heart Failure Recommendations Program. The complete report is available from John Parker. This document is not for general distribution.



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Executive Summary: Needs Assessment of the 2006 CCS Heart Failure Consensus Recommendations Program **(To access document, double-click icon)**



Appendix B: CCS Disclosure Statement

The document below contains the CCS Conflict of Interest disclosure statement. All Faculty involved in the ACC-LL MUST complete this form.



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**CCS Conflict of Interest Statement (To access
document, double-click icon)**

The document below contains a disclosure summary of the CCS Heart Failure Primary Panel participants.



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**CCS Heart Failure Primary Panel Disclosure Summary (To access
document, double-click icon)**



Appendix C: CCS Business Plan and Investment Model

The imbedded document contains the Executive Summary of the business plan and investment model for the 2006 CCS Heart Failure Consensus Recommendation Program. This document is not for general distribution.



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Executive Summary - 2006 CCS Heart Failure Consensus
Recommendation Program (**To access document, double-click icon**)