



**Canadian Cardiovascular
Society**

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de cardiologie**

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2006 Heart Failure Consensus Conference Recommendations Program

Terms of Reference for
Core Development Teams



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Letter of Introduction

RE: CCS Heart Failure Consensus Conference Recommendations Program - CDT Terms of Reference

This document summarizes processes involved in completing the first cycle of the CCS Closed-loop Model of Consensus Conference development. These processes will be revised with each successive development cycle.

Each stage of this development process consists of a 'Core Development Team' which is responsible for fulfilling stage-specific timelines, milestones and deliverables.

Each Core Development Team consists of skill sets and expertise requisite for successful fulfillment of development stage requirements.

Each Core Development Team is expected to access relevant advisory expertise of the Advisory Roundtable. The Advisory Roundtable represents pooled expertise which provides world-class counsel in the following areas: public and patient education, end-user information and access, continuing education and publishing, information technology, health policy and administration, guideline standards and outcomes and marketing and sales.

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

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



Milestones of Core Development Teams

The diagram below illustrates top-line milestones and deliverables for each of the five successive development cycles of the CCS Heart Failure Consensus Conference Recommendations Program:

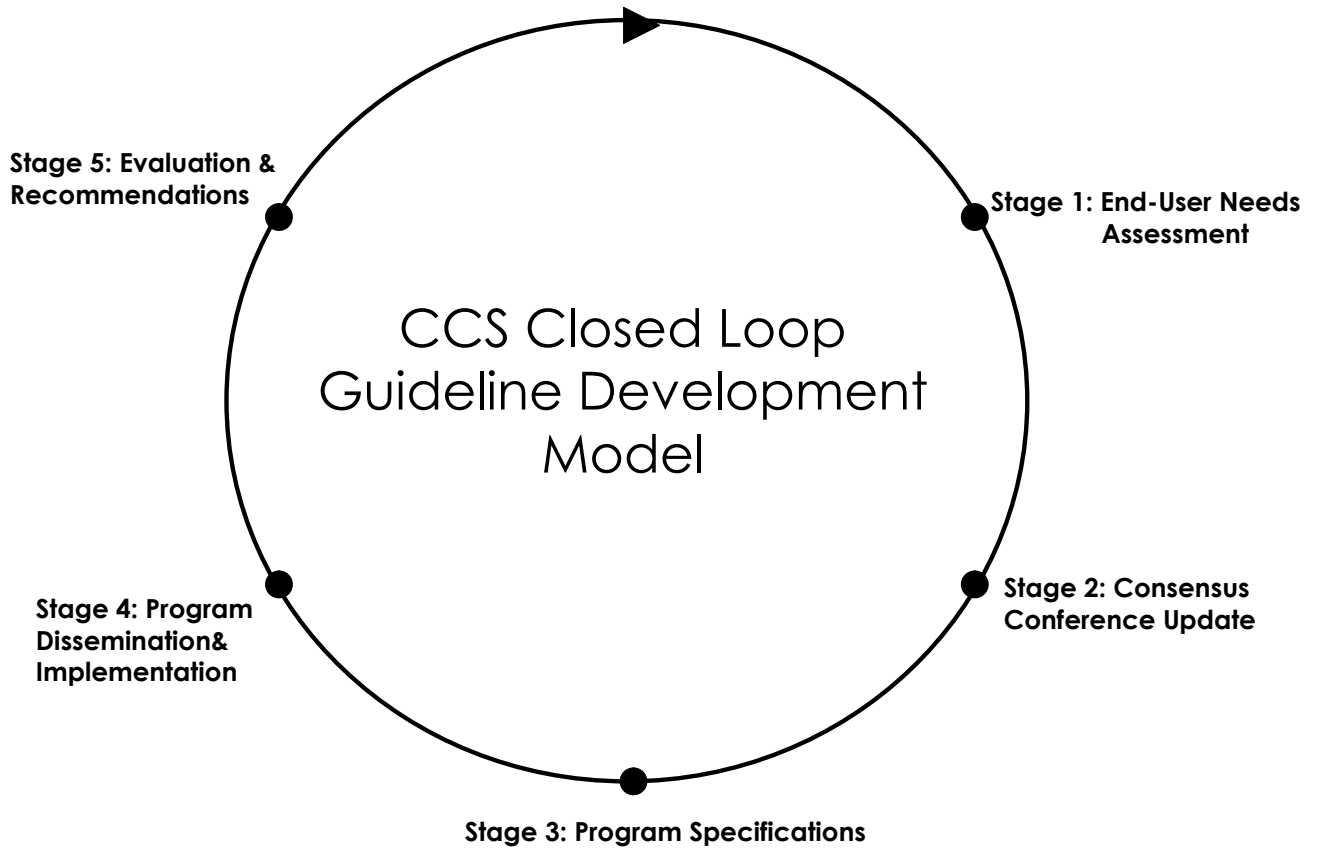
Milestones and Deliverables for CCS Heart Failure Consensus Conference Recommendations Program

<p>January 2006</p> 	<p>Proof of Concept – Close the Development Loop – Needs Assessment Identify Development Processes and Prototypes Initiate Clinical Practice Impact and Health Evaluation Planning Participate in CIHR HF KT Barriers Research Develop/Execute Communication Strategy and Plan</p>
<p>January 2007</p> 	<p>Integration of User Evaluation Analyses and Recommendations Share Dissemination/Implementation Tools & Evaluation Results with ART Refine and Augment Development Processes Finalize Practice and Health Outcome Impact Evaluation Planning Develop Publishing/Research Plan</p>
<p>January 2008</p> 	<p>Integration of User Evaluation Analyses and Recommendations Refine and Augment Development Processes Initiate Practice and Health Outcome Impact Evaluation Replicate Closed Loop Development Processes With ACS Publish First Evaluation Results</p>
<p>January 2009</p> 	<p>Integration of User Evaluation Analyses and Recommendations National Deployment Secure Long-Term Federal/Provincial Funding Continue Practice and Health Outcome Impact Evaluation Continue with ACS Closed Loop Development</p>
<p>January 2010</p> 	<p>Integration of User Evaluation Analyses and Recommendations Secure Long-Term Federal/Provincial Funding Continue Practice and Health Outcome Impact Evaluation Report Initial Practice and Health Outcome Impact Initiate Closed Loop Development Processes with Arrhythmias</p>



Each of the above development cycles consists of five stages as depicted in the following 'closed-loop' development model adopted for this project:

CCS Closed Loop Guidelines Development Model





Composition of Core Development Teams

A Core Development Team (CDT), comprised of essential skill sets and expertise, is assigned to each development stage. The composition of each CDT is outlined in the following table:

Core Development Teams for CCS Heart Failure Consensus Conference

Development Stage	Core Development Team
1. Needs Assessment	CCS Consensus Conference Chair/ Co-Chairs CCS Continuing Professional Development Chair CCS Director Knowledge Translation Mezzanine Business Consulting
2. Consensus Conference Update	CCS Consensus Conference Chair/ Co-Chairs CCS Membership College of Family Physicians of Canada Canadian Pharmacists Society Canadian Geriatric Society Canadian Nurses Association CCS Staff CCS Director Knowledge Translation
3. Dissemination	CCS Consensus Conference Chair/ Co-Chairs Microsoft Canada Nova Networks Canada CCS Staff CCS Director Knowledge Translation



4. Implementation	<p>CCS Consensus Conference Chair/ Co-Chairs</p> <p>Microsoft Canada</p> <p>Nova Networks Canada</p> <p>CCS Staff</p> <p>CCS Director Knowledge Translation</p>
5. Evaluation	<p>CCS Consensus Conference Chair/ Co-Chairs</p> <p>Microsoft Canada</p> <p>Nova Networks Canada</p> <p>CCS Staff</p> <p>CCS Director Knowledge Translation</p>

The essential skills and expertise of each CDT are augmented, on an as-needed basis, through ongoing access to the Advisory Roundtable and the CCS membership. The Advisory Roundtable consists of the following representation divided into seven expertise categories:

CCS Heart Failure Consensus Conference Advisory Roundtable - Expertise Pools

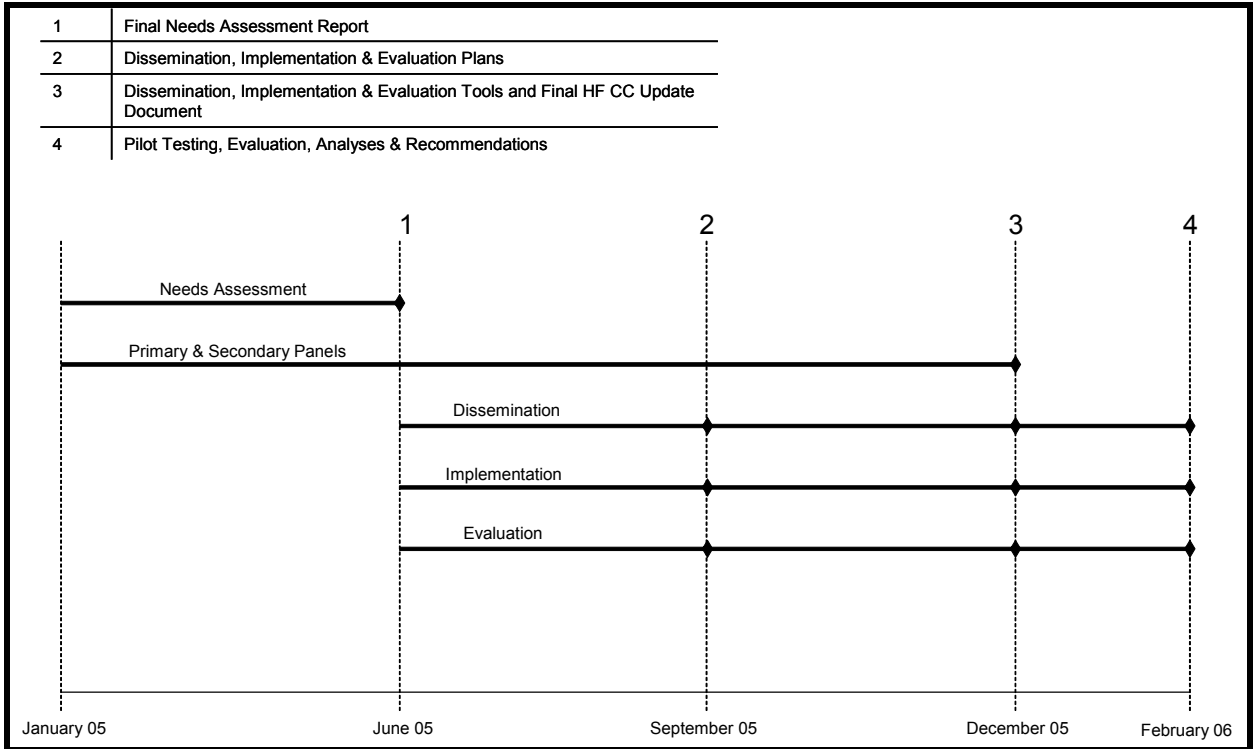
Patient & Public Education	End-User Information and Access	Continuing Education & Publishing	Information Technology	Policy & Administration	Guideline Standards and Outcomes	Communication, Marketing & Sales
Heart Failure Patient Support Group- Ottawa Heart Institute	Canadian Cardiovascular Society	Canadian Cardiovascular Society	Microsoft Canada	Public Health Agency of Canada	Canadian Cardiovascular Outcomes Research Team	Sanofi-Aventis Canada
Heart and Stroke Foundation of Canada	Canadian Medical Association	College of Family Physicians of Canada	Nova Networks	Ministry of Health- Nova Scotia	Ottawa Health Research Institute	Merck Frosst Canada
Public Health Agency of Canada	College of Family Physicians of Canada	Royal College of Physicians and Surgeons of Canada	Global Medico- A CMA Company	Ministry of Health- New Brunswick	Canadian Hypertension Education Program	AstraZenecaCanada
	Canadian Nurses Association	Canadian Journal of Cardiology		Ministry of Health- British Columbia	Institute of Circulatory and Respiratory Health	Roche Diagnostics Canada
	Canadian Pharmacists Association	Canadian Congestive Heart Failure Clinics Network		Canadian College of Health Service Executives	Canadian Institute for Health information	Biovail Canada
	Canadian Geriatric Society				Statistics Canada	BoehringerIngelheim Canada
	Canadian Institutes of Health Research				Canadian Institute for Health Information	



The five stages of the first development cycle is scheduled for completion January 2006.

The approximate timeline for the first development cycle is illustrated below:

First Development Cycle Timeline for CCS Heart Failure Consensus Conference





Needs Assessment Core Development Team

Purpose: The Needs Assessment identifies critical challenges, needs and expectations of those who, on a day-to-day basis, strive to utilize evidence-based recommendations to deliver high quality heart failure care to this Canadian patient population.

For this first development cycle of the Program, the Needs Assessment included the Primary Panel, a representative sample of CCS membership and members of the Advisory Roundtable.

In addition, three pilot sites, representative of the day-to-day delivery of heart failure care, were included in the needs assessment.

In all, specialists, community-based cardiologists, internal medicine specialists, family physicians, pharmacists, nurses and patients from across Canada provided valuable insight into the challenges of applying evidence-based recommendations to the provision of day-to-day heart failure care.

Once analyzed, the data of the Needs Assessment provided:

- essential guidance for the Primary Panel as it considers the balance, validity, reliability, relevance, practicality and cost implications of evidence-based, heart failure care recommendations
- critical strategic and tactical direction for Dissemination, Implementation and Evaluation core development teams
- a precedent-setting opportunity to collaborate with and learn more of the needs and challenges of Canadian disciplines and sectors involved in delivery of heart failure care
- opportunity for CCS to take a leading role in applying the Appraisal of Guidelines Research and Evaluation (AGREE) Collaboration Instrument, the development standards.



The initial Needs Assessment defined the requirements of health care professionals and patients to achieve successful dissemination and implementation of evidence-based recommendations.

Deliverable: The Needs Assessment team tabled a completed needs assessment for review by the Primary and Secondary Panels and Dissemination, Implementation and Evaluation Teams. The Needs Assessment report includes data analyses and recommendations relevant to Dissemination, Implementation and Evaluation Stages of the first development cycle.



Primary/Secondary Panel Core Development Teams

Purpose: The Primary Panel is the main writing committee for the consensus conference and is comprised of CCS members with expertise in the topic area. Through the established CCS development process, they decide the substantive content of the document.

Together, the Primary Panel reflects content expertise for the topic addressed in addition to the diversity of the CCS membership with respect to geography and type of practice as they apply to the topic area. The Primary Panel should also be representative of the audience of health professionals that use the material including family practitioners, IM specialists and others, as applicable.

Secondary Panel members provide feedback and guidance on drafts and provide a wider perspective on the topic. Secondary panel members may not be CCS members but have internationally recognized topic expertise or are key members of the targeted audience group. Secondary panel members may be topic experts but not necessarily CCS members. Secondary panel members have the capacity to consult on consensus conference drafts in terms of content, presentation and relevance to the audience addressed.

Specific terms of reference for each panel are summarized below:

1. Term of Co-Chair:

- Two years on a staggered basis to provide continuity
- One year as past chair to improve continuity
- Identification of new Co-Chair determined by Primary Panel and approved by CCS Consensus Conference Committee



- Nominated Chairs should have served a minimum of two years as Primary Panel Member
2. Term of Primary Panel Members:
- Three years on a staggered basis
 - Identification of new Primary Panel members determined by existing Primary Panel and Co-Chairs
 - The Primary Panel should be regarded as a professional development opportunity for younger members of the Canadian cardiovascular community
 - Primary Panel will be representative of the Canadian cardiovascular community at-large
3. Responsibilities and term of Secondary Panel Members:
- Three years on a staggered basis
 - Identification of new Secondary Panel members determined by Co-Chairs

Deliverable: The Primary and Secondary Panels prepare and deliver a final document representing world-class, evidence-based recommendations suitable for delivery in the Canadian health care context. Once complete, the document is passed on to the Dissemination Team for development of dissemination strategies and tactics.

The 2006 CCS Heart Failure Consensus Conference Recommendations was completed December 15, 2005 and published in the Canadian Journal of Cardiology in January 2006.

Similar updates are planned for publication in the Canadian Journal of Cardiology in January 2007 and 2008.



Dissemination Core Development Teams

Purpose: The Dissemination Team develops specifications for integrated strategies and tools designed to broaden awareness, acceptance, uptake and adherence of CCS guidelines by those health care practitioners and patients involved in delivery of day-to-day care.

The Team receives the final report and recommendations from the Needs Assessment Team in addition to the final CCS Consensus Conference on the Diagnosis and Management of Heart Failure - Update 2006 from the Primary Panel Co-Chairs.

After considering the results and recommendations of the Needs Assessment, the Dissemination Team consolidates, refines and augments existing CCS dissemination efforts. In addition, the Dissemination Team develops and implements an effective communications strategy and plan which build upon current CCS corporate-level investments in both communications and IT.

Deliverables: These may include specifications for didactic presentations and participatory workshops, online document retrieval, practice audits, hand-held device applications and various paper-based products including 'pocket cards'. These efforts will be seamlessly integrated into CCS corporate-level IT, communications and customer service strategies and programs currently in development.

The Dissemination Team will be responsible for identifying, developing, testing and delivering components of the dissemination strategy. In addition, the Dissemination Team will begin development of a longer-term implementation plan which encompasses the remaining four development cycles of the Program.



Implementation Core Development Teams

Purpose: The Implementation Team will deliver integrated tools designed to broaden voluntary and recurring use of guidelines by health care practitioners and patients involved in day-to-day heart failure care. The Implementation Team receives the final report and recommendations from Needs Assessment Team, the final CCS Consensus Conference on the Diagnosis and Management of Heart Failure - Update 2006 from the Primary Panel Co-Chairs and technical specifications developed by the Dissemination Team.

Deliverables: The deliverables of this development stage will be seamlessly integrated into CCS corporate-level IT, communications and customer service strategies and programs currently in development.

The Implementation Team will be responsible for identifying, developing, testing and delivering components of the dissemination strategy for the first development cycle.

These may include a paper-based pocket, online practice audit and series of participatory workshops. In addition, the Implementation Team will develop communication tactics following specifications of the Dissemination Team and in alignment with CCS corporate-level activities in this regard.



Evaluation Core Development Teams

Purpose: The first cycle of the HF CC will involve four concurrent streams of evaluation activity including:

- Strategy, tactics and processes of the close-loop model of CC development
- Functionality and usability of dissemination and implementation strategies and tools
- Degree of compliance with the Appraisal of Guidelines Research and Evaluation (AGREE) Instrument
- Initial consideration and preparation for longer-term evaluation of impact on clinical practice patterns and health outcome

The Evaluation Team receives the final report and recommendations from Needs Assessment Team, the final CCS Consensus Conference on the Diagnosis and Management of Heart Failure - Update 2006 from the Primary Panel Co-Chairs and technical specifications and tools developed by Dissemination and Implementation Teams.

Deliverables: The deliverables of this development stage will be seamlessly integrated into CCS corporate-level IT, communications and customer service strategies and programs currently in development.

The Evaluation Team will be responsible for:

- Development of strategy for integration of recommendations into Cycle 2 of CCS HF CC.
- Development of strategy for ongoing research, reporting and publication of program



From a long-term perspective, CCS has assembled its first-ever Guidelines Clinical Practice Impact and Health Outcomes Working Group comprised of the following representation:

- CCS Consensus Conference Chair/Co-Chairs
- Primary Panel Members
- Canadian Cardiovascular Outcomes Research Team
- Canadian Institute for Health Information
- Canadian Institutes of Health Research
- Heart and Stroke Foundation of Canada
- Canadian Cardiovascular Outcomes Research Team
- Canadian Congestive Heart Failure Clinics Network
- Mezzanine Business Consulting
- CCS Staff