

# H E A R T

## M A T T E R S

THE REGIONAL CARDIAC CARE PROGRAM  
NEWSLETTER MARCH, 2002 VOL.1, ISSUE 2



SOUTHLAKE  
REGIONAL HEALTH CENTRE

## PROFILE FROM THE HEART

### Dr. Zaev Wulffhart



**Z**aev Wulffhart, MB BCh., FACC, FRCP, was officially appointed Director, Arrhythmia Services & Pacing at SRHC in October 2001.

Dr. Wulffhart obtained his medical degree and completed his internship in Johannesburg, South Africa in 1984. He arrived in Canada in 1986 and over a six-year period, he pursued his training in internal medicine and cardiology in Newfoundland's Memorial University and at Nova Scotia's Victoria General Hospital. Zaev then completed an Electrophysiology Fellowship at St. Michael's Hospital in Toronto from July 1992 to June 1993. He joined the faculty at the University of Toronto in 1993. From July 1993 to June 1996, he served as a Staff Cardiologist and Director of the Pacemaker Program and Coordinator of Pacemaker Triage at Wellesley Hospital. He then accepted a position at Sunnybrook & Women's College Health Sciences Centre (SWCHSC) as an Assistant Professor and active Staff Cardiologist. During his five-year tenure at SWCHSC, he served as Deputy Director of the Cardiac Catheterization Lab, and Director of Arrhythmia Services up to September 2001.

Dr. Wulffhart's main goal is to position SRHC in the forefront of providing excellent and comprehensive arrhythmia services in the dynamic environment of a regional health centre.



## SOUTHLAKE REGIONAL LAUNCHES ITS ARRHYTHMIA PROGRAM

**A** significant milestone was reached in the development of Southlake Regional Health Centre's Regional Cardiac Care Program on June 19, 2001 when Hospital President, Dan Carriere joined Minister of Health, Tony Clement to announce the establishment of an Electrophysiology (EP) Laboratory at SRHC. Dedicated to the memory of its long-time supporter, the late Al Palladini (MPP/Vaughan-King-Aurora), this state-of-the-art EP lab will complement SRHC's current arrhythmia services (pacing therapies, 24-hour holter monitors, loop recorders, and ECGs) with tilt table

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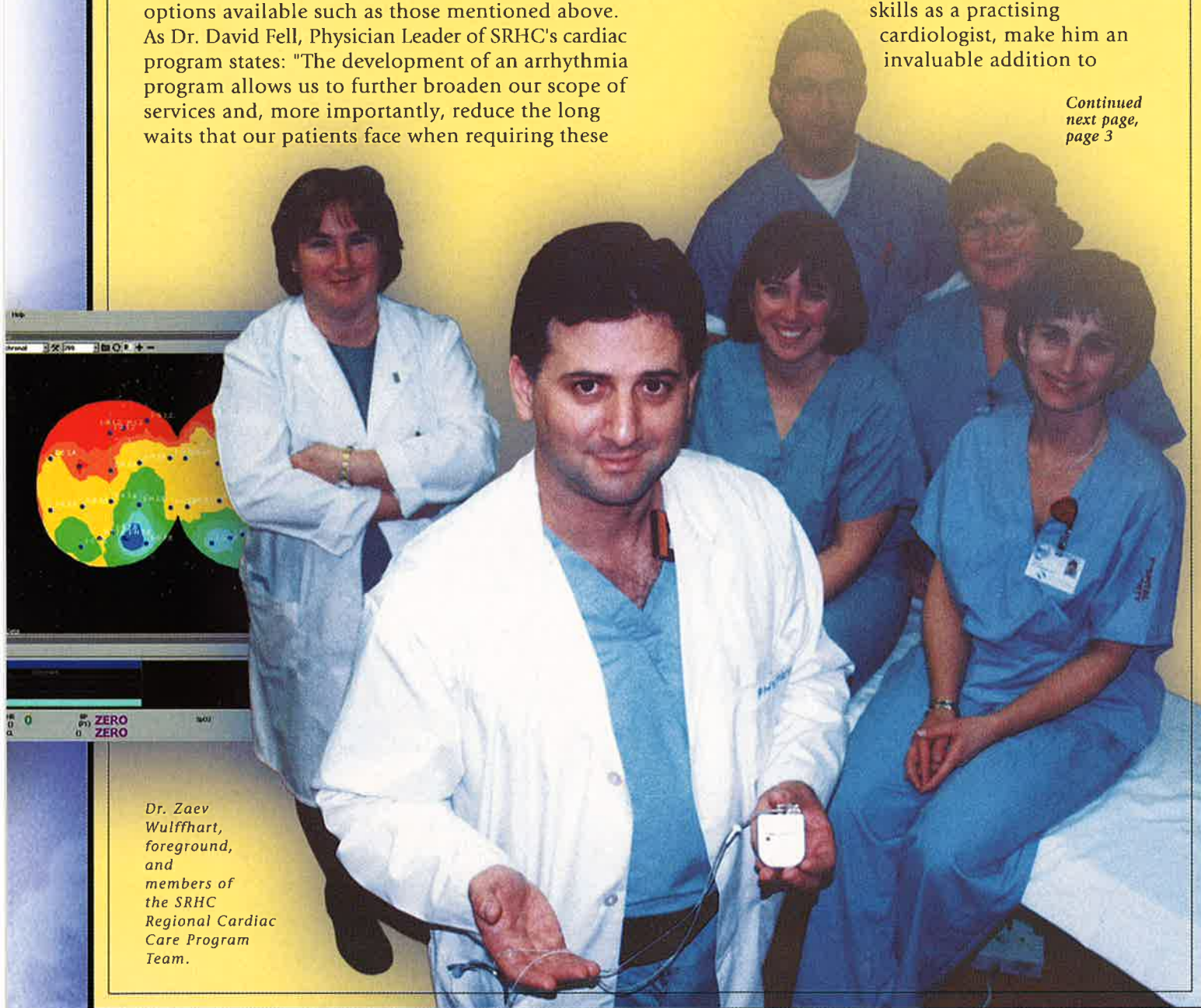
## ARRHYTHMIA PROGRAM *Continued from page 1*

testing and diagnostic EP studies. In addition, it will supplement the current treatment modalities of drug therapy, permanent pacemaker implantation, and cardioversion with ablation therapy and ICD (implantable cardioverter defibrillator) implantation. For many years, treating patients with cardiac arrhythmias involved prescribing a multitude of medications that often caused them a number of undesirable side effects. Today, however, there are several effective, non-pharmacological treatment options available such as those mentioned above. As Dr. David Fell, Physician Leader of SRHC's cardiac program states: "The development of an arrhythmia program allows us to further broaden our scope of services and, more importantly, reduce the long waits that our patients face when requiring these

life-altering procedures." Currently the waiting period for procedures in an EP lab can be as long as 14-16 months in addition to the six-month wait for a first consultation with an electrophysiologist.

To facilitate the implementation of its comprehensive arrhythmia program, SRHC appointed Dr. Zaev Wulffhart, a renowned electrophysiologist, as the Director of Arrhythmia Services in October 2001. Dr. Wulffhart's expertise and vast experience in the field of electrophysiology, in addition to his skills as a practising cardiologist, make him an invaluable addition to

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*Dr. Zaev Wulffhart, foreground, and members of the SRHC Regional Cardiac Care Program Team.*

## ARRHYTHMIA PROGRAM

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SRHC's cardiac team. The comprehensive arrhythmia program will be phased in throughout 2002, and be fully operational in 2003.

At present, patients in the catchment area who suffer from irregular heart rhythms and syncope are investigated first at SRHC. If required, arrangements will be made by SRHC's Regional Cardiac Coordinator, Sue Sayewell to transfer patients to St. Michael's Hospital in Toronto where Dr. Wulffhart performs EP studies and ablations once a week for patients on his SRHC waiting list. This process allows for a timely continuum of care that offers patients the added benefit of receiving their follow-up care closer to home. To this end, SRHC invites referrals as it continues to build and consolidate its arrhythmia program. *(Referrals should be faxed to Dr. Wulffhart's office at 905-953-0046. Inquiries can be directed to 905-953-7917.)*

For the fiscal year 2002/2003, the arrhythmia program projects significant increases in permanent pacemaker implantation and the introduction of tilt table testing to assist in diagnosing the cause of recurring fainting spells.

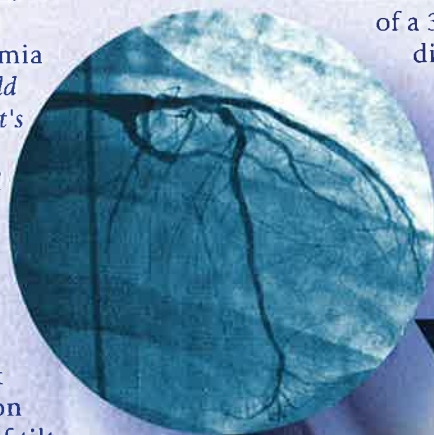
In the provision of pacemaker implantations, SRHC has become the major provider of this technology in the three regions, and statistics reveal that it performs one of the largest volumes of implantations in Ontario. Plans are also under way to provide the 3-chamber pacemakers to treat congestive heart failure. At SRHC, the current waiting period to receive a pacemaker implantation is less than in many parts of the province.

Among the other top priorities of SRHC's arrhythmia program is the provision of invasive electrophysiological diagnostic and therapeutic procedures. Ablations, which involve the delivery of radio frequency energy to the part of the heart that is causing the irregular rhythm, are proven to have a 98% to 99% success rate. SRHC has also just started an ICD Follow-up Clinic to monitor patients who have had their ICD implanted in another health care facility. ICDs have been proven to be effective in terminating life-threatening heart rhythms and reducing mortality. At the present time, the waiting period for an ICD implant in Ontario may be up to one month during which time the patient must remain hospitalized due to the severity of the

condition. Such was the case of a 32-year-old woman, diagnosed with cardiomyopathy, who had been waiting at SRHC for more than a month to be transferred to a

tertiary centre in Toronto for an ICD implant to treat her extremely serious condition. Her increasing anxiety level was the final determining factor that made Dr. Wulffhart and his team take the initiative to perform the ICD implant on her at SRHC on January 21, 2002—another significant achievement for SRHC's cardiac team, as this represents the first time in Ontario that such an advanced cardiac procedure had been performed in a community hospital.

The provision of all of the above procedures for patients with arrhythmias certainly calls out for an integrated approach and a centralization of both *diagnostic* and *treatment* services. Within a few months of his appointment, Dr. Wulffhart and his dedicated team have collaborated to lay the necessary groundwork to meet the objective of establishing a fully operational arrhythmia program during 2003. As Director of Arrhythmia Services, Dr. Wulffhart's main goal for SRHC is to establish it as the first regional health centre to offer comprehensive arrhythmia services in Eastern Canada.



*Inset: Digital cardiovascular image. Below: Conducting a cardiovascular procedure.*

## PLANNING FOR SUCCESS

### SIMCOE-YORK-MUSKOKA CARDIAC CARE COORDINATING COMMITTEE

**T**he former Regional Advisory Committee (established by SRHC to assist in the initial implementation stages of its Regional Cardiac Care Program) has since September 2001 been replaced by the Simcoe-York-Muskoka Cardiac Care Coordinating Committee. Membership includes not only medical personnel from the various stakeholder hospitals located within the three regions but also family physicians and representation from consumers, Simcoe-York District Health Council, Emergency Medical Services (EMS), Cardiac Care Network (CCN), Community Care Access Centre (CCAC), and York Region's Heart Health Initiative.

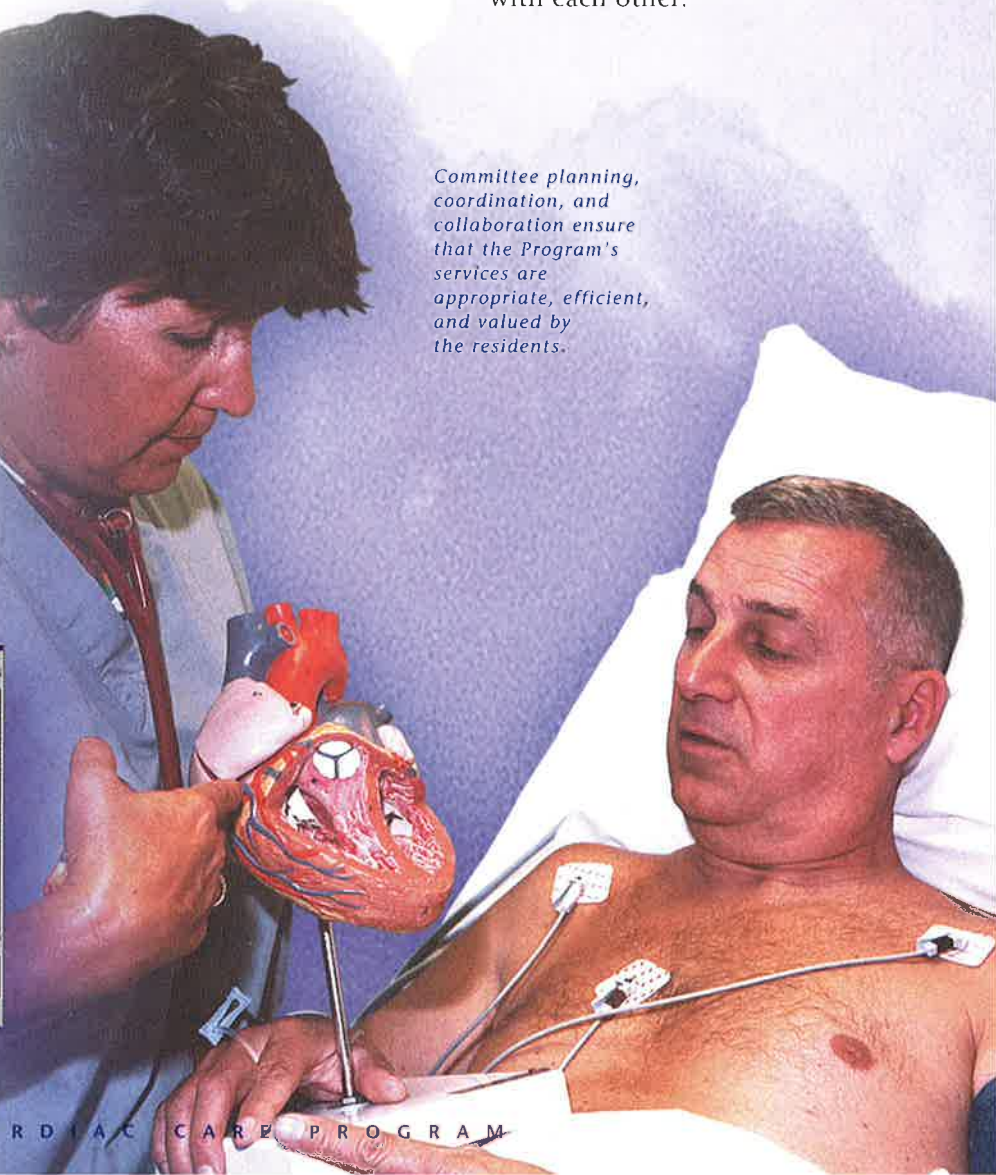
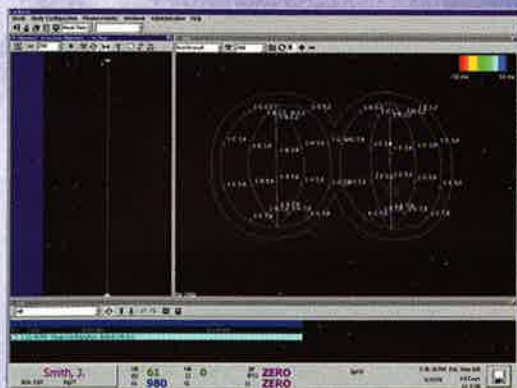
The committee's mandate is to oversee the coordination of advanced cardiac services throughout the three regions from a systems perspective. Issues of equal access, transportation, and development of clinical programs (prevention and rehabilitation) will be discussed with various sectors of the tri-regional

area and CCN representatives. Resulting feedback will enable the committee to more effectively plan for the delivery of advanced cardiac services at SRHC. During the next six to nine months of 2002, the priorities of the committee will include:

- studying and improving the ambulance services and patient transportation systems between the various hospitals within the three regions
- developing an integrated approach to cardiac rehabilitation services
- establishing common cardiac practice standards within the three regions

Chaired by SRHC's Vice-President of Regional Programs, Pat Norman states: "The success of the Regional Cardiac Care Program ultimately lies with effective planning, communication, and roll out. This can only be achieved if we share information with the right people and learn from their areas of expertise and vast experience." With the patient foremost in mind, coordination and close collaboration among the various cardiac care providers are essential to ensure that services developed are appropriate, efficient, and valued by all the residents. The committee plans to hold quarterly meetings to keep its members abreast of all developments and to maintain a close working rapport with each other.

*Committee planning, coordination, and collaboration ensure that the Program's services are appropriate, efficient, and valued by the residents.*



# THE BEAT GOES ON

**S**ince SRHC was designated as the regional cardiac care centre for York, Simcoe, and Muskoka in December 1998, the cardiac team has been forging ahead to achieve its goal of providing a fully comprehensive cardiac program by September 2003.

While the number of heart catheterizations performed at SRHC's Cath Lab will reach approximately 2700 during fiscal 2001-2002, the projection for fiscal 2002-2003 is set at the remarkable total of 3000. In the provision of pacemakers, 350 implantations will be performed during fiscal 2001-2002 and this number is projected to reach 450 in fiscal 2002-2003.

Until such time as the Regional Cardiac Care Program is fully operational, SRHC is committed to arranging timely transfers to tertiary centres in Toronto for patients who require heart surgery and/or angioplasty and ensuring their return to Newmarket as

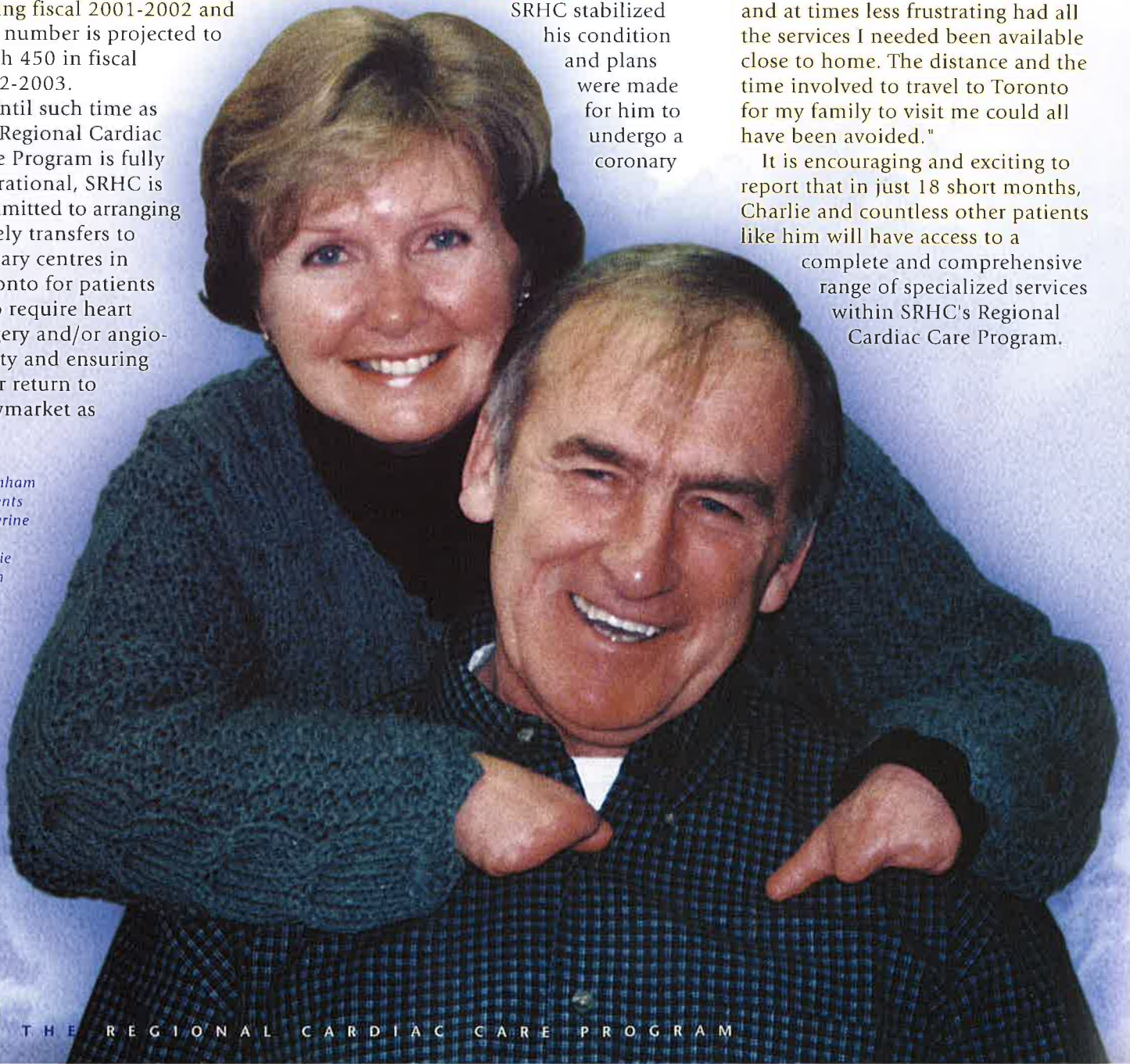
quickly as possible after their procedures. This approach is beneficial not only for the patient but also for family members who are spared the added stress of having to travel to Toronto to support their loved one. Such was the case for Mr. Charles (Charlie) Horan, a resident of Tottenham, who recently benefited from this arrangement. When Charlie developed chest pains on December 19, 2001, his wife, Catherine drove him immediately to the Emergency Department at Alliston's Stevenson Memorial Hospital. The following day, Charlie suffered a heart attack and was promptly transferred by ambulance to SRHC. Within minutes of his arrival, the emergency team at

SRHC stabilized his condition and plans were made for him to undergo a coronary

angiogram the next morning. The results showed that Charlie's condition required angioplasty and Sue Sayewell, SRHC's Regional Cardiac Coordinator, arranged for him to be transferred to Sunnybrook & Women's College Health Sciences Centre for the procedure. Barely 24 hours later, he was transported back to Newmarket, where his condition was monitored until his release on December 27. Charlie is currently enrolled in the 12-week cardiac rehabilitation program offered by SRHC. Although Charlie was very pleased with the excellent care and treatment he received during his entire ordeal, he says clearly: "My experience would no doubt have been less stressful and at times less frustrating had all the services I needed been available close to home. The distance and the time involved to travel to Toronto for my family to visit me could all have been avoided."

It is encouraging and exciting to report that in just 18 short months, Charlie and countless other patients like him will have access to a complete and comprehensive range of specialized services within SRHC's Regional Cardiac Care Program.

*Tottenham residents Catherine and Charlie Horan*



# YOU ASKED US

RESPONSES TO QUESTIONS  
FROM OUR READERS

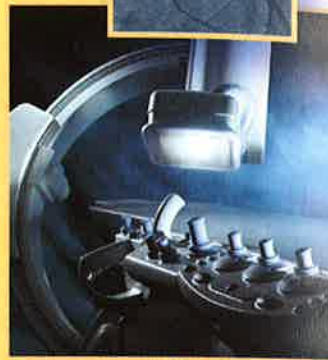
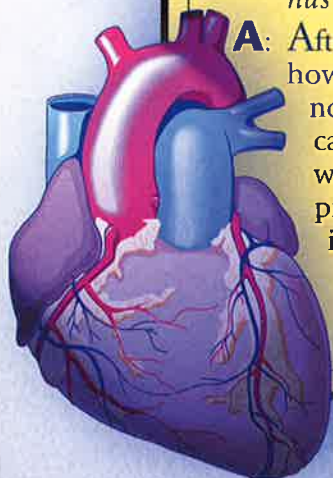
**Q:** *What new options exist for treating atrial fibrillation (AF)?*

**A:** As new medications and medical technologies (pacemakers and implantable atrial defibrillators) are fast evolving, several options are now available to treat patients with AF. However, selecting the most appropriate treatment can be challenging, as it is still not known whether benefits exist in maintaining sinus rhythm over treatment for rate control along with anticoagulation.

AV node ablation and pacing is now an accepted option for rate control in patients with persistent symptomatic heart rate irregularity and for those who are unable to tolerate drug therapies. For rhythm control, where episodes of AF are triggered by an ectopic focus situated in one or more of the pulmonary veins, intra cardiac mapping can be performed to locate the source, ablate it, and prevent further episodes of AF.

**Q:** *Why do we need to continue with anticoagulation after a patient has been converted back to sinus rhythm?*

**A:** After acute electrical cardioversion, sinus rhythm may be achieved; however, the risk for embolic events persist. Anticoagulation is normally recommended for a minimum of four weeks after acute cardioversion. In patients at high risk for stroke (those over 65 years, and who have had hypertension, diabetes, left ventricular dysfunction, and previous stroke), it may be advisable to continue with anticoagulation indefinitely as they may still experience episodes of AF and remain at high risk for stroke.



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