







Q & A – Lower Mainland Cardiac Program

Our program is great, why change it?

• We agree that we have excellent cardiac programs in the Lower Mainland, however there is an opportunity to improve consistency, quality, and access to care, to result in the best cardiac care for each and every patient in the Lower Mainland, and for those who have to travel here from across BC for their care.

Does this mean patient volumes will change?

• No, each cardiac program has more demand than capacity in various areas. Many of our patients and their families cross health authority borders between their homes and work. We need to look at the population being served, what we offer, and how to ensure equal access to services so that the right care is given in the right place the first time, now and into the future.

Are we consolidating, like some other Lower Mainland services (labs, DI, pharmacy)?

- No, each site will continue to offer cardiac services, but in the future accessibility, quality, performance, and evaluation will be coordinated together under one program. This means collaboration and cooperation in program planning and in the provision of cardiac care, so every patient in the Lower Mainland receives the same standard of excellent care, at the right place and the right time.
- The Lower Mainland Cardiac Program will continue to support and participate in provincial initiatives with Cardiac Services BC and other BC health authorities.

Will there be program cuts or will services be consolidated into one or two sites?

 No, services will continue to be delivered across the health authority sites (including procedures at Vancouver General Hospital, St. Paul's Hospital and Royal Columbian Hospital). A single Lower Mainland cardiac program will oversee accessibility, quality, performance monitoring, and evaluation across the Lower Mainland health authorities. It is too early to say what the final integrated program will look like, but the plan is to leverage the strengths of all three cardiac programs.

Has there been consultation?

- As a starting point, senior leaders from the Fraser Health, Vancouver Coastal Health, and Providence Health Care sites, Cardiac Services BC, PHSA and the Ministry of Health supported the development of the program blueprint.
- There will be working groups and opportunities to provide input as we move into developing an action plan. The program proposal is a high level document; it does not get into the fine details. As is the case with most programs, the Lower Mainland program will evolve over time, with new learnings and advancement in practice.









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Who will lead this program?

We are recruiting a medical lead and an operational lead to support the oversight and implementation
of a Lower Mainland cardiac program. These two leaders will work in partnership with cardiac
operational leadership within the health authorities and be accountable to a steering group of Lower
Mainland health authorities, PHSA (Cardiac Services BC) and Ministry of Health senior leaders.
Recruitment is expected to occur over the spring of 2017.

How do we know our health authority needs are being represented?

- Decisions are being made collaboratively around what is truly best for the patients and the families that we serve.
- Program leaders are representing Fraser Health, Vancouver Coastal Health and Providence Health Care, and we encourage you to talk to the following leaders if you have specific ideas or concerns:
 - o Fraser Health:
 - Dr. Roy Morton, VP, Medicine, Fraser Health
 - Darlene McKinnon, Executive Director, Royal Columbian Hospital
 - Vivian Giglio, VP Regional Hospitals and Communities, Fraser Health
 - Vancouver Coastal Health & Providence Health Care:
 - Dr. Patrick O'Connor, VP Medicine, Vancouver Coastal Health
 - Vivian Eliopoulos, Chief Operating Officer, Acute Services, Vancouver Coastal Health
 - Leanne Heppell, VP, Patient Experience, Acute Care, Chief of Professional Practice & Nursing, Providence Health Care
 - Dr. Ron Carere, VP, Medicine, Providence Health Care

Has patient input been considered in this planning?

• Patient and family input is vital to any successful program. As we operationalize a Lower Mainland cardiac program, opportunities for patient input and feedback will be a priority.