



Cardiovascular Health and Stroke Strategic
Clinical Network™

Vascular Risk Reduction Initiative (VRR)

Our Goals

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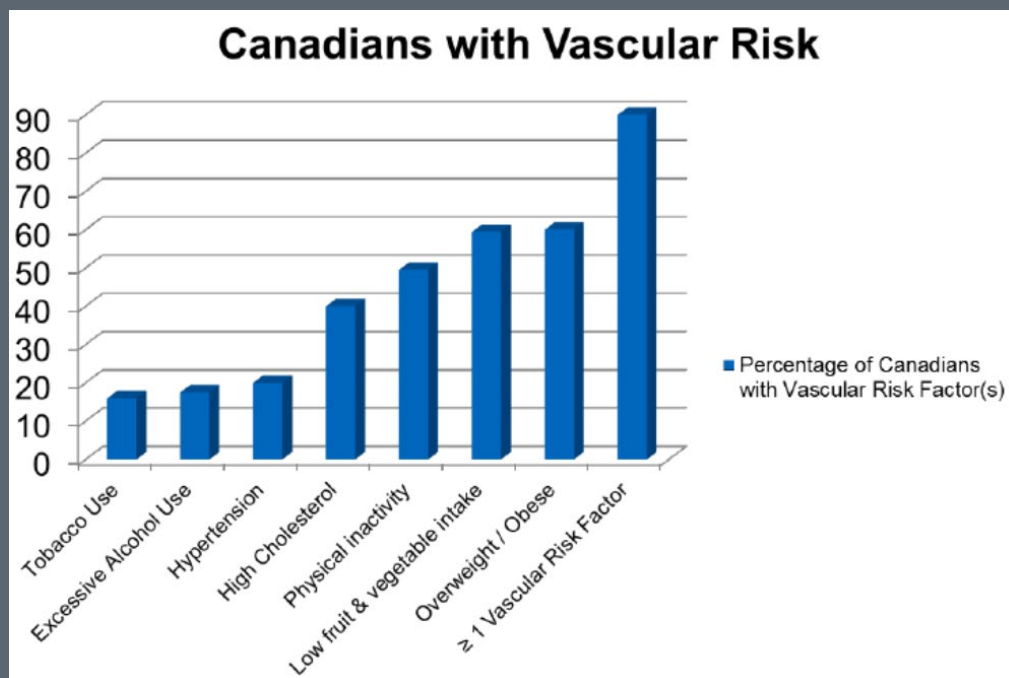
To share knowledge and lessons learned from VRR

2

To gather insight for future opportunities based on Zone projects, initiatives, and strategic direction.

Background

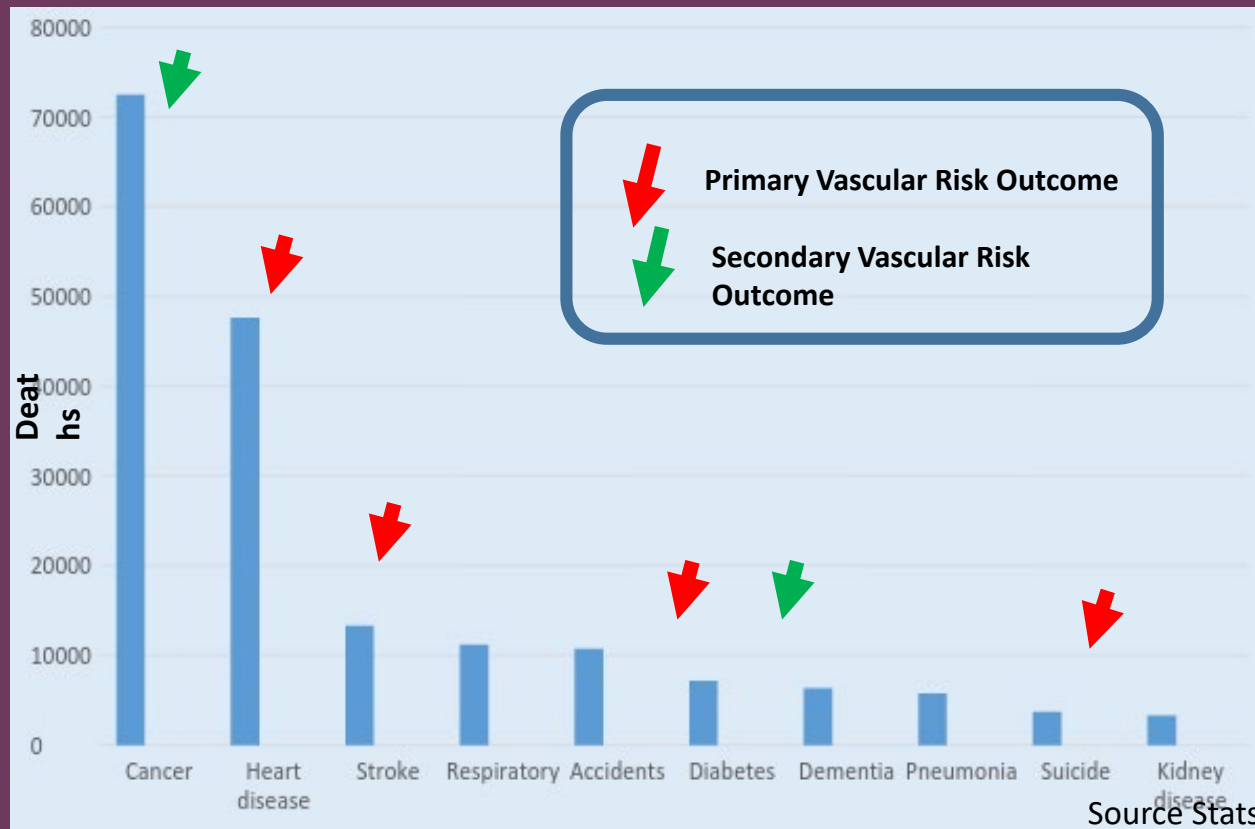
The goal of VRR is to identify individuals at risk for vascular disease who are undiagnosed or diagnosed and whose conditions are not well managed.



Over **90%**
have at least
1 vascular
risk factor

Vascular Disease is the major cause of death and disability in Alberta and in Canada

Top causes of death in Canada 2011



VRR's 6 Signature Projects



Worksite

**Integrated
Approaches**

**Knowledge
Translation**

**Enhanced
Lipid
Reporting**

Alberta Screening and Prevention Program



KEYS TO SUCCESS

QUALITY IMPROVEMENT

PANEL & CONTINUITY

ENGAGED LEADERSHIP

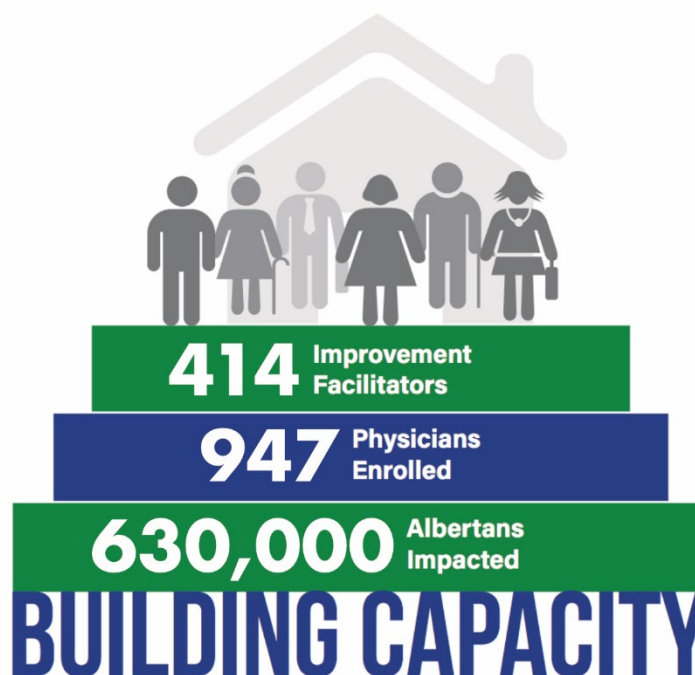
32 PRIMARY CARE NETWORKS



Toward
Optimized
Practice

Tools and Resources

1. **What is the purpose of the study?**
The purpose of the study is to investigate the effect of the use of a mobile learning application on the learning outcomes of students in the field of computer science.
2. **What are the research objectives?**
The research objectives are to determine the effectiveness of the mobile learning application in improving student learning outcomes, to identify the factors that influence the use of the mobile learning application, and to determine the level of student satisfaction with the mobile learning application.
3. **What is the research methodology?**
The research methodology is a quantitative approach using a quasi-experimental design. The data collection instrument is a questionnaire distributed to students before and after using the mobile learning application. The data analysis technique is statistical analysis using SPSS 25.0.
4. **What are the results of the study?**
The results of the study show that the use of the mobile learning application has a significant effect on improving student learning outcomes. The factors that influence the use of the mobile learning application are the ease of use of the application, the quality of the content, and the availability of technical support. The level of student satisfaction with the mobile learning application is high.
5. **What are the conclusions and recommendations?**
The conclusion of the study is that the use of a mobile learning application can improve student learning outcomes. The recommendation is that the university should provide more mobile learning applications and technical support to students.



**ABSOLUTE IMPROVEMENT
ACROSS ALL MANEUVERS**

17%

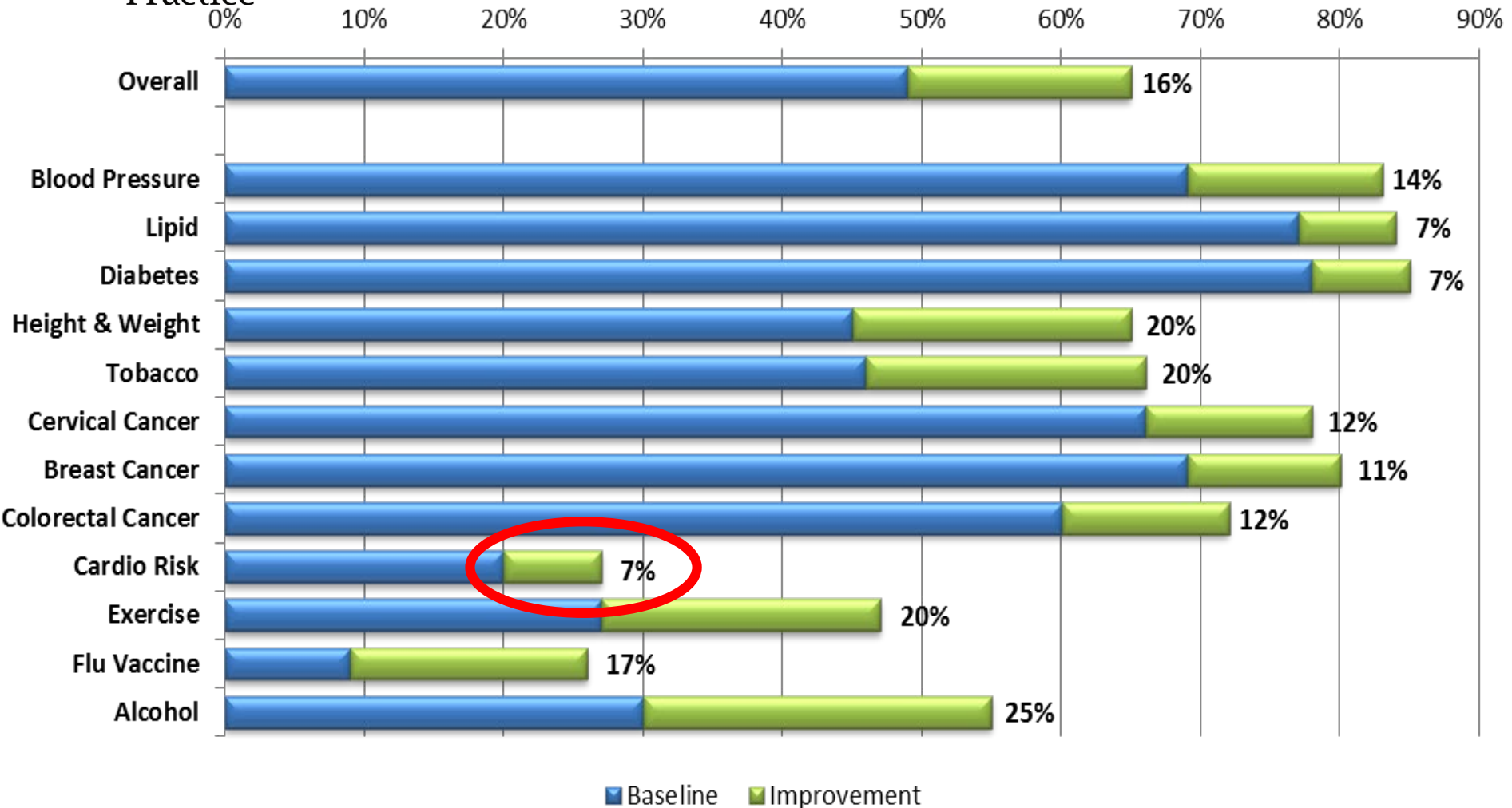
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AVERAGE NUMBER OF MANEUVERS CHOSEN BY PHYSICIANS



Toward
Optimized
Practice


ASAP Results



Alberta Vascular Risk Reduction Community Pharmacy Project (Rx EACH)




40%
of people
with CKD
were
unaware



21%
Cardiovascular
Risk
Reduction



Overall
Improvements in
Lipids, Blood
Pressure, Blood
Sugars



Numerous
Publications

Worksite



Stick.

Collect blood sample from fingerstick and add to test cassette.



Click.

Insert cassette and press the run button.



Done.

Results ready to discuss with patient in just 5 minutes.



- **Project background**

- Evidence worksite CV risk programs work. However, new Alberta data needed
- Delayed start due to difficulty with finding worksite partner; secured partner end of 2014 with Alberta Newsprint Company in Whitecourt

- **Approach: two phases**

1. Cardiovascular risk factor screening done on-site
2. Case management offered to uncontrolled and high risk individuals by local pharmacist with prescribing abilities

Worksite

"This is a huge step in a culture shift towards a healthy work environment. We would do this project again in a heartbeat, healthier workers—It's a no brainer!"

Supported a Worksite
Screening Initiative in
the South Zone. **33%**
Burden of Risk Found in
Workers



41% of workers screened
were found to be at
risk (FRS \geq 10%)



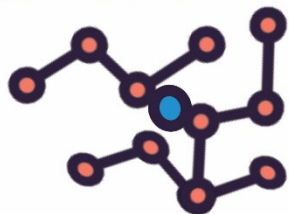
Development
of a Screening
Toolkit

Results from:
- South Zone
- Central Zone
- North Zone



Knowledge Translation

Building
Connections with



Stakeholders



50+
Resources
Developed
Available
Online!
Including a
Risk Calculator



VASCULAR RISK REDUCTION KNOWLEDGE TRANSLATION PROJECT

WORKING TOGETHER TO PREVENT VASCULAR DISEASE

Alberta Coalition for PreventionTION and Control of Vascular Disease (ACTION) Network

Data as of May 1, 2015

50

Resources
Developed

8 Partner Healthcare Organizations
Prioritizing Vascular Risk Reduction

74 Vascular Champions
Promoting vascular risk prevention and management

390,000 Albertans Reached
Healthcare providers/patients/public

68

Communication
Initiatives

KEY MESSAGES



1. Complete cardiovascular risk assessments
2. Optimize dyslipidemia management
3. Assess tobacco use of every individual
4. Support tobacco users in quitting efforts
5. Support healthy eating and physical activity to promote health

FINDINGS FOR THE FUTURE

KT is ongoing
KT increases over time
A valued partnership
Focused on large scale impact
Sustained to improve the
health of Albertans

Integrated Approaches

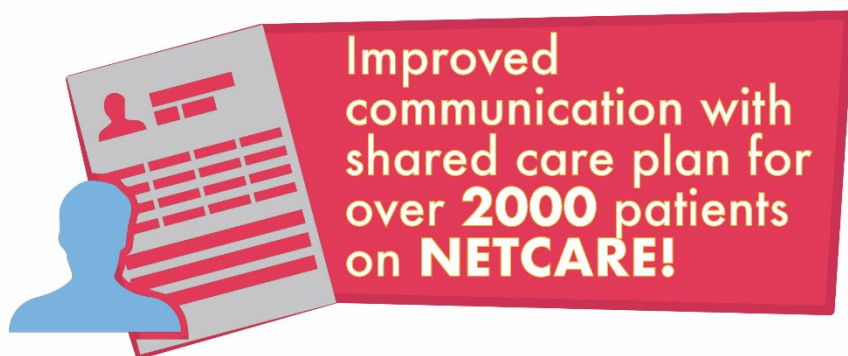
Project background

Secondary prevention services siloed (e.g. hypertension, dyslipidemia, diabetes, stroke prevention and cardiac rehabilitation clinics)

Identified opportunities to:

- reduce duplication
- improve access
- facilitate communication between providers
- provide more integrated, patient centric care.

Integrated Approaches

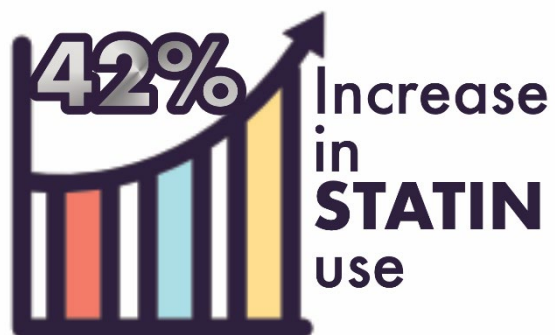


Enhanced Lipid Reporting

Objective: To work with primary care groups to assess the utility of a lab based approach to:

- a) Report Framingham risk scores when blood lipid profile is ordered and treatment recommendations based on 2012 Canadian lipid guidelines;
- b) Increase the appropriate use of pharmacological therapy for dyslipidemia;
- c) Decrease the use of inappropriate laboratory utilization of lipid panels

Enhanced Lipid Reporting



**RISK
CALCULATOR**
Piloted on the
South Zone Lab
Requisitions



Next Steps:

VRR 1.0



Feedback:

COEC
Zones
Patients
Health
Evidence
Review
APCC



VRR 2.0