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Country: Canada

Titel of the project: VROC

Project details

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Award amount: €100,000

Lives are lost or altered far too often because of vascular disease, mostly heart attacks and strokes. The VROC will focus on early intervention and therefore prevention of such catastrophic events. Family doctors, heart specialists, and registered nurses will be available to help people understand and improve their vascular health.

The VROC is a program to optimize vascular care facilitated by a team approach of cardiologists, family doctors and specially trained nurses. Improved vascular care, with a focus on prevention, decreases vascular disease. Simply put, this will lead to fewer heart attacks and strokes. Vascular disease poses many problems for people. The number one problem is that often there are no symptoms until a real problem occurs. We know this; we have talked about early intervention and prevention for decades. The VROC will put our knowledge into action. We will look for vascular disease and do something about it before it shows itself in catastrophic ways. Strokes and heart attacks are scary business. The VROC will empower people to take positive steps away from vascular disease and towards vascular health. The people we are most interested in helping are those that do not know that they have a problem brewing. Participating family doctors, along with their patients, will agree to have their chart or electronic medical record (EMR) reviewed. Age is the biggest risk factor for vascular disease. Therefore, males 40 – 75 and females 50 – 75 will be identified. Initially, we will focus on people who are not already fully treated for a heart attack or a stroke. Subsequent analyses will include patients whose records indicate their blood pressure or cholesterol levels are too high. Once identified as suitable to participate, patients will receive a letter from their family physician stating they could benefit from a program that has the potential to reduce their risk of heart attack, stroke, and sudden death. Those who agree to participate will then have their first visit with a Registered Nurse. A medical history will be acquired and entered in to an electronic database. Baseline blood work, EKG and blood pressure will be obtained, allowing nurses to triage priority for attention by vascular physicians. Further cardiac testing will be done as appropriate. Patients will be checked for cardiac rhythm disorders as indicated. Patients with symptoms or EKG suggestive of atrial fibrillation will receive a holtler monitor. Those diagnosed with atrial fibrillation will be treated appropriately. The benefits and decrease in stroke in this particular setting are well established. People will be seen, in follow-up, approximately eight weeks after their first visit. Medication changes will prompt another eight week follow-up. Nurses will schedule additional visits as needed or as requested by the patient. Typically, patients will be followed again at six months and twelve months. The cardiologist will see patients on medication initiation visit and as deemed necessary. Patients will set goals in relation to their own personal risk factors. They will be supported to reach them. Risk factors such as smoking, diet, exercise, alcohol, diabetes control, and hypertension will be reviewed on an individual basis and in group settings. Life style goals will be reviewed at each visit with the nurse. People without a family physician, through a public campaign, will be given a number to call to self-refer.

Audience

Type

- Healthcare professionals
- General public
- People with a family doctor
- People without a family doctor

Location

Canada, North America