In the 1960’s the mortality rate for Myocardial Infarction (MI) was about 50%. Post MI patients were kept on complete bedrest for 10 days and at discharge, were advised to limit their activity. There were no exercise-based Cardiac Rehabilitation (CR) programs. Inactivity was so far down on the list of modifiable risk factors, it was rarely even mentioned.

Today’s mortality rate post MI is 10%. A post MI patient is mobilized on Day 1. The introduction of cardiac rehabilitation programs played a significant role in the improved mortality rate. The patient is supported from Day 1 to adopt lifestyle changes that allows many to achieve a level of health and wellness much improved over their pre cardiac event state.

The WRHA’s Cardiac Rehabilitation Program had its beginnings in 1972 at the Winnipeg Kinsmen Reh-Fit Centre as an after hours activity in an exercise lab at St. Boniface General Hospital (SBGH). By 1975, there were 200 participants in the program lead by Dr. David Mymin, head of cardiology at SBGH. That year a group of patients and staff conceived the idea of building a complex dedicated to rehabilitation and fitness. With support from provincial and city governments, private donations and the Kinsmen Club of Winnipeg, the Centre opened in 1979. The Reh-Fit Centre was the very first exercise-based cardiac institute of its kind in Canada and the third such facility to be opened in all of North America.

Today’s Cardiac Rehabilitation (CR) Program:

- Operates out of two world class facilities, the Reh-Fit Centre and the Wellness Institute at SOGH. The vision and pace setting standard of the Reh-Fit Centre continues with the opening of its newly expanded facility on January 30, 2006. Close to its 10th anniversary, the Wellness Institute was awarded the 2005 Distinguished Achievement Award by the Medical Fitness Association, an association which represents over 700 medical fitness facilities in North America.

- Is presented by a multidisciplinary team, operating from a risk management view, offering support in areas such as smoking cessation, weight management, behaviour modification and an exercise component.

- Referrals come from ER physicians, family physicians, cardiologists, cardiac surgeons, from the automatic referral process associated with care maps, e.g., the Acute Myocardial Infarction (AMI) and Acute Coronary Syndrome (ACS) care maps and—coming soon, the cardiac surgery pathway.
**Cardiac Credits**

Congratulations to ...  
- **Dr. Alex Tishenko**, recipient of the first annual Sanofi Aventis-Heart and Stroke Foundation of Manitoba Cardiology Resident of the year Award.  
- **Dr. Shaun Young**, (Cardiac Anaesthesia) winner of a national teaching award at the recent Canadian Anaesthesia Society meeting in Toronto.  
- **Karen Schnell and Kendra Gierys**, Clinical Nurse Specialists, who achieved CNA Cardiovascular Certification in May  
- **Susan Mertin**, Nurse Practitioner, on the successful defense of her Master's thesis entitled "Perioperative Outcome Evaluation of Total Spinal Anaesthesia Combined with Intrathecal Morphine and General Anaesthesia versus General Anaesthesia for Cardiac Surgery."  
- and Best Wishes to **Vivian Kruk**, on her retirement as EKG Supervisor at HSC.  
- **Cath Lab** staff on the start of a pilot on the interactive telephone survey post discharge for angio and plasty patients and implementation of a "stent card", discharge instructions emphasizing to patients the need to continue taking antiplatelet medication after an intervention and stenting.  
- **Organizers of the June 8th seminar**, "Keeping Current with Cardiovascular Care 2006". 130 attended from across the Region, 30% more than in 2005. Presentations were excellent and covered topics ranging from Pulmonary Hypertension to Antithrombotics.

**Recent Appointments ...**

Welcome to:  
- **Joy Marsh**, appointed Charge Technologist, EKG, Grace Hospital.  
- **Zoe Atamanchuk**, Administrative Secretary, CSP Waclist Coordination office.  
- **Dr. Allan Schaeffer**, Dr. Tarek Moussa, Dr. Vic Ariyarajah and Dr. Lee Daba, Cardiology Fellows joining us July 1st.  
- **Cheryl Woychuk**, Program Education Assistant supporting the Medical Education Program within Cardiology.

**Capital Projects ...**

**Cardiac Services Enhancement Project (CSEP):**  
- Work is nearing completion on the Bergen Centre with occupancy scheduled to begin in August with the first of the 2 cath labs opening. SBGH will operate only one cath lab over the summer, allowing time for transfer of existing X-ray equipment to the new cath labs.

**Cardiac Surgery Development Project (CSDP):**  
- Architectural services for the project will be provided by Stantec Architecture Ltd. and construction management services by Bockstael Construction Ltd. Work has begun to establish a suitable location for services outlined in the functional program.

**Coming Up ...**

GLOBAL SYMPOSIUM on the FUTURE of HEART HEALTH, Winnipeg, MB., October 12—15, 2006. For details contact Ivan Berkowitz at 204-228-3193, by email at ivan.mts.net or the Web at www.heartconference.com  
CANADIAN CARDIOVASCULAR CONGRESS, October 21—25, 2006 Vancouver, BC; Visit www.cardiocongress.org for information

**Talkback Corner ...**

We invite your feedback ... Please forward articles for the newsletter or questions/ comments for the Cardiac Sciences Program Team to Mary Hastings, c/o Z3055, 409 Taché, R2H 2A6, by email to mhastings@sbgh.mb.ca or via our website at www.cardiacsciences.mb.ca. Please use the "Contact Us" link on the website to pass on your comments and suggestions.

- 78.3% of patients referred in 05/06 accepted contact from the CR sites.  
- 21% of post cardiac surgery patients participated in the CR program.  
- 10% of patients enrolled in the CR program have a rural address.  
- Of the 1007 AMI patients in Winnipeg in 04/05, 284 (28%) participated as a result of the automatic referral process, as compared to national participation rates of 15% to 18%.  
- CR Program is evidence based, e.g., a review of 49 randomized controlled trials in CR (Taylor, Brown & Ebrahim et al, Am J Med 2004) demonstrated a 26% relative reduction in cardiac mortality for CR as compared to usual care and a 20% relative reduction in TOTAL mortality; Cochrane's 2003 literature review revealed that CR can decrease mortality and morbidity by 26 to 40%, a finding similar to the combined effects of beta blockers and ace inhibitors.

**Going Forward:**  
- Use Winnipeg experience to test assumptions on the CR program’s impact on mortality, morbidity and recidivism rates  
- Expand CR to centers outside Winnipeg.  
- Develop programs to reach underserved populations, e.g., women, aboriginals, seniors, low income clients  
- Join forces with health care providers working in primary prevention programs, e.g., early identification and treatment of risk factors in young people, factors such as diabetes, obesity, hypertension.  
- Improve follow-up—current CR program of four months is not long enough to support and reinforce permanent changes in lifestyle.

Contributors: Kelly Seward, Michelle Meade, Toby Maloney