CorHealth Ontario
Advancing cardiac, stroke and vascular care

COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #11

MEETING SUMMARY NOTES

DATE: September 22; 4:00 - 5:00PM

GROUPS REPRESENTED: More than 50 stakeholders joined the call with invitations extended to the CorHealth Cardiac Leadership Council, Cardiovascular Rehabilitation Programs, the Rehabilitative Care Alliance, Ministry of Health Partners, Heart and Stroke Foundation Leadership and colleagues from Manitoba and Saskatchewan

DISCLAIMER: The information in this document represents a high-level summary to capture the discussion at the point of time of the meeting and is NOT general guidance.

HIGHLIGHTS

System/CorHealth Updates

Sheila Jarvis opened the meeting and provided introductory remarks, including an update on CorHealth's anticipated transfer into Ontario Health on December 1, 2021.
The Office of the Auditor General of Ontario's Value-for-Money Audit of cardiovascular and stroke care in Ontario is in its final stages. The report is anticipated to be released in December 2021.

Cardiovascular Rehabilitation Provincial Measurement and Reporting

The Forum marks the official kick off for Phase 1 of the CR Provincial Measurement and Reporting Initiative. An overview of key milestones, initial population cohort, and two data points were presented. The first 3 months of data collection (October-December 2021) will represent a test period to determine if any refinements are needed for the two data points or initial cohort and the overall data collection process.

The contact person from each program can anticipate an email with a program specific excel file from CorHealth team member Joy Tabieros on the first Monday of each month (Oct – Dec 2021), with a monthly data collection request. Monthly data submissions are due back to CorHealth (Joy Tabieros) via email by the 15th of each month (Oct – Dec 2021). Forum participants were encouraged to ensure their CR program was identified on the list of CR programs located in the Appendix of the CR forum slide deck.

CorHealth plans to present the findings during the test period during the next CR Forum in January 2022 (date TBD).

Dr. Paul Oh reiterated the importance of starting with a test period to gain initial insights on the above two key metrics and the overall data collection process.

Please see the Forum slide deck for additional details of this initiative. Please email Karen Harkness (karen.harkness@corhealthontario.lca) or Joy Tabieros if you have any questions.

CR Program Sharing- Experience through COVID-19

Guest Speaker: Dr. Bruce Moran, Monfort Hospital Cardiovascular and Pulmonary Rehabilitation

Dr. Moran shared the program's journey and experiences through COVID to date, including an update on the program's new facility at The Orleans Health Hub. (Please see Forum slide deck for details).

A question was raised about the percentage of in-person patients currently participating in the program. Monfort is currently using a hybrid approach (mix of virtual and in-person offerings through their rehab program).

Dr. Moran also shared that some patients declined to come back to the site during the first reopening, and less so during the second reopening due to COVID anxiety.

Another question was raised inquiring if there is a mandate at Monfort for participants to be double vaccinated. Dr. Moran shared that this is not a qualifying criterion to date, however, that may change imminently due to changing provincial regulations.

Open Discussion- What is the current experience of delivery of CR in Ontario?

Dr. Oh invited all programs to share their current experiences of providing CR, in the COVID-19 environment as guided by the following topics:

1. Current experience with access to stress testing, providing in-group exercise or education.
2. Parts of your pre-COVID CR program are you 'transforming' based on your learnings from COVID-19 to date?
3. Your biggest pain point for delivering CR right now?

Key themes were identified:

- Programs are navigating challenges in the delivery of virtual programming (ex. logistics, staffing, patient peer support)
- Programs currently determining most appropriate models that include a blend of on-site, off-site, individual, group and virtual opportunities, while still delivering high-quality care
- Biggest pain point: how to balance in-person vs. hybrid rehab care
- Innovation and flexibility to adapt and provide programming, despite many changes that continue on during the pandemic (ex. location, staffing, provincial policies (ex. vaccine passports, capacity limitations)

Please see the appendix for additional details from participant responses

Wrap Up and Next Steps

1. CorHealth to circulate CR Forum #11 meeting notes and slide deck to Forum members
2. Programs to begin data collection process, starting on October 4th, 2021, commencing with email from Joy Tabieros (Joy.Tabieros@corhealthontario.ca) .
3. The next COVID-19 CR Stakeholder Forum will be scheduled in early 2022
4. As a reminder, all Forum presentations and summary notes can be found on the CorHealth COVID-19 Resource Centre

Thank you to Sheila Jarvis, CEO CorHealth Ontario

As CorHealth moves into Ontario Health, the CEO position will be dissolved.
Dr. Oh thanked Sheila Jarvis for her leadership, guidance and long-standing support of the cardiovascular rehab community.

Appendix- Discussion question responses provided by participants

Topic	Responses
Access to Stress testing	• Limited: About 50% of what we require. 6MWT are our alternative (Windsor-HDGH). • Available at intake to all participants, previously not available at discharge but now able to offer at DCH 6 months from intake (RVH) • We have access based on clinical need (per our usual pre-pandemic process). This seems to be going smoothly. (UOHI) • We are stress testing about 60% of our program participants pre and post program, however; we would be able to send 100% if all agreed and were physically able. For those who are not physically able to do a stress test we are completing 6 MWT or timed up and go (TBHSC) • We have access to stress testing at local hospital-intake only, not post program (Kincardine)
In-person activity - exercise	• Up to 15 clients per class. PPE still required while exercising. The City of Leamington has made a decision that all recreational complex that you have to be double vaxxed to get in, so in that setting participants either to have to be double vaxxed or they have to come to Windsor to receive their service or do home exercise. Participants come 1/week (vs twice/wk pre-COVID) • Limited by COVID restrictions, leadership allowing group classes, and capacity of community spaces (RVH) • Classes once/week (due to limited numbers – pre-pandemic we were 2/week); 8 people/class to maintain physical distance. Patients required to wear masks at all times (and staff wearing masks and eye protection). (UOHI) • Max 5 participants in each session which consists of various modes of exercise. All participants are offered 4 exercise classes in person within their program and are on site for 90 minutes (includes pre and post vital monitoring). • On site programming has resumed (7 patients per class) and our hybrid model just began which is a mixture of virtual and onsite programming (7-8 people per class), virtual programming coming in the new year with content and website being designed and created now. (Kingston) • Virtual exercise classes 2x per week or home based. (Kincardine) • We have not resumed in-person (hospital or community) (Hamilton)

	• Bringing in double vaccinated pts, on site 1 day a week wearing masks & 1 day virtual, yes to stress testing, but initially starting CR with age predicted. Per class - 6-8 participants with 2 kins (Cambridge) • Our program is in Saskatchewan. We are completely virtual still-home exercise programs with phone follow-ups and video classes. (Saskatchewan)
In-person group education	• Up to 10 clients/spouses per class (Windsor-HDGH) • Yes to the same groups that attend onsite exercise (UOHI) • Currently we are unable to provide in person education sessions but this is due to our education room being converted into a lunch room. We are working on bringing in person education back on site in a hybrid format so that individuals can attend their live sessions in the atmosphere that they prefer (in person or via webex) (TBRHSC) • Previously, yes, now limited by RVH allied health redeployment/priorities and capacity of community spaces. Will be considering some virtual sessions shortly. • Online resources for education. In person/virtual or telephone for intake with RN/Reg.Kin/RD. (Kincardine) • Virtual delivery with main focus on group education. (Hamilton)
Transforming based on learning through COVID	• Continuing to evolve virtual programming. Offering some "live" virtual exercise via Zoom and building on that to be able to offer to more specific groups (ie Heart Failure). Continuing to build on Virtual Education as well – typically attendance rates are higher than with onsite. (UOHI) • For Kingston, in the design of our programming we did a patient survey of historic and future patients to see what programming types they would like. It was identified that in person, a hybrid and completely virtual was wanted. • Offering all programming in a hybrid format to increase access to service regardless of geographical location. 2. Changing our program structure to be education focused as opposed to being seen as a complete exercise program with education thrown in. (TBRHSC) • We maybe transforming our program, previously we have 1 visit per week in a group based setting but depending how things are going in terms of space and the capacity to have people in groups, we may end up starting to offer every other week sessions just to get the ball rolling but still to be seen anyway (Windsor-HDGH)

Topic	Responses
Biggest pain point right now	• For the most part everyone have adjusted. Most will say that not being able to have our maximum of 25 clients for in-person exercise is the biggest pain point because we still cannot offer twice weekly in person sessions to all. While everyone is understanding, most clients want to come in rather than home exercise. (Windsor) • There is no space currently available for us in Barrie. No ability to offer group-based programming yet. • Predicting what the "new norm" will be. Figuring out the "sweet spot" between the way it used to be and the way it is now…(UOHI) • Referral volumes are still down and inconsistent… Not all of our groups are full. 2. Vaccination status is becoming an issue 3. Staffing (TBRHSC) • How to deliver virtual exercise effectively (Hamilton) • Tele-rehab site (Bourget) with UOHI - Biggest pain right now = not being able to expand/move from the virtual/telephone visit- no funds for a bigger room. We used to be able to see 4-6 people in that room but now, it is impossible to have more than 1 person, at a time on-site so very hard to increase #s. Reaching people near their home is harder and harder because of lack of resources and money so I fear for the future of off-site small programs and for clients that can't drive in the city. • Staffing model (St. Joseph's, London) • Biggest pain-patients missing out on the support of others. Hoping we can get back in our hospital gym space sometime soon… (Kincardine)