

# COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #7

## MEETING SUMMARY NOTES

**DATE:** September 29, 2020; 8:00 - 9:00AM

**GROUPS REPRESENTED:** More than 70 stakeholders joined the call with representation from the CorHealth Cardiac Leadership Council, CorHealth Vascular Leadership Council, Cardiovascular Rehabilitation Programs, the Rehabilitative Care Alliance, Ministry of Health Partners, Heart and Stroke Foundation Leadership and colleagues from Manitoba

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.

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## HIGHLIGHTS

### System/CorHealth Updates

- Dr. Chris Simpson has shared an overview at other COVID-19 Stakeholder Forums of a new report his committee has worked on with a focus on **maintaining care** throughout the **phases of the COVID-19 pandemic**.

Key messages:

- Maintaining care vs. widespread shut down during any future waves
  - The importance of pivoting/modifying services
  - Focusing on the full continuum of care
  - A more regional approach this time around
- It is anticipated that the report will be released in the next couple weeks

### Program Activity Sharing – Virtual Care and Exercise

Sandra Black and Marja-Leena Keast, Physiotherapists, University of Ottawa Heart Institute, Division of Prevention and Rehabilitation shared an update on their current practices and options for cardiovascular rehabilitation

- Four programs streams are available to patients including virtual care, hybrid (on-site group exercise and virtual individual support), brief and case managed home program/francoforme options
- With the onset of the pandemic their case managed home program has been modified into a “shorter” program though there are still patients enrolled in the typical 3-month program
- As of 2½ weeks ago, they have re-started on-site exercise classes, albeit in a very different fashion, for those patients who request and/or whom staff determine would benefit from face-to-face exercise training
- As of 2016, the program has been triaging patients for graded exercise testing and only testing

those who are planning to return to higher intensity exercise, exercising at greater than 5 METS, symptomatic or returning to work of a physical nature

- Exercise prescription and patient self-monitoring tools include RPE, talk test, step counts and heart rate and additionally include a calculated target heart rate range using the Karvonen equation for those patients who have a GXT
- The FITT principle is also used to provide structure and strategy when prescribing and progressing exercise

Participants engaged in a Q&A discussion with Sandra and Marja-Leena

1. Are on-site patients using exercise equipment? Participants are using all aerobic exercise equipment except the Schwinn bike and rower since they can cause significant air circulation.
2. How are you managing the safety of on-site programming? On-site patients are following physical, space and time distancing practices.
3. What are the criteria for patients who are exercising on-site? Criteria include patients that may need monitoring such as those doing higher-intensity interval training, symptomatic or high-risk patients, individuals who have significant anxiety or confidence concerns with exercise and patients interested in trying out exercise equipment before purchase.
4. What does your on-site program staffing look like? The program has two staff for each class of four patients currently.
5. What do home-based programs look like? Patients in the home-based program have access to an online manual and are also contacted by a mentor (RN or PT) for additional teaching and follow-up (either by phone or using zoom through the Heart Institute EMR Epic).

### **Exercise Program Survey Findings**

Karen Harkness shared survey findings along with a thank you to all who responded!

- 38 of approximately 60 CR programs in Ontario responded including four programs that indicated that they were currently closed but opening soon
- 24 programs indicated that they currently offer direct, real-time, live visualization of exercise (any kind of exercise, in individual or group sessions) either on-site or using a virtual platform
- Options to guide initial and/or progression of an exercise program/prescription included (in order of the number of programs that provided the options):
  - Symptoms/RPE
  - Patient self-report measures (e.g., DASI)
  - On-site visualization using 6MWT or exercise trial
  - GXT
  - CPET
  - Other
- Survey responses regarding both on-site and virtual individual and group exercise supervision were shared for both aerobic exercise and resistance training. To date, no programs are supervising patients engaging in aerobic exercise in real time using a virtual platform. Some programs provide virtual resistance training classes with the ability for providers and patients to interact visually in real time.

The following general survey themes were shared:

- Programs that identified that they offer on-site exercise options noted that volumes are

considerably less than pre-COVID volumes

- Strategies to find an alternative location are quite creative (e.g., when original site in hospital not available, community location closed)
- The current situation is very dynamic, and programs are trying different approaches to provide CR programming including layering on of activity as comfort increases and resources return/become available to the program
- Tackling the wait list is rather daunting and programs are modifying services rather than ‘accelerating services’ to try and address long wait lists (e.g., hybrid program with fewer on-site sessions and/or shorter program duration)

A discussion took place guided by the following questions:

- For those who have been providing on-site programming, what advice would you give to other programs who are just starting this process?
- How are programs planning to modify on-site services if needed (e.g., with the anticipated second wave)?
  - Women’s College shared that they are keeping an eye on the COVID situation in the community and remain flexible with programming, are constantly re-evaluating safety and infection control practices, have expanded space to allow for slightly larger classes and are being creative with what they have available
  - Thunder Bay shared a similar thoughtful, flexible plan that considered a good understanding of IPAC practices and the current COVID cases in their community and suggested starting small and building, carefully identify staffing ratios, working very closely with IPAC experts in the hospital and conducting a pretend walk-through with checklist to ensure readiness
  - London shared that they began on-site stress testing about 6 weeks ago for select high-risk or higher intensity exercising patients and that they are working away on tackling their wait list, monitoring COVID numbers in the community and working on home/phone models of care although are finding it challenging to know what to work on next with the second COVID wave looming
  - Barrie/Muskoka shared that most of their programs are community-based although one site had just moved to a new family health team facility with gym space that has allowed them to start up with 3 patients at a time on-site in addition to getting creative with home programming as well as leveraging online resources from other programs across the province
  - Lindsay shared that while they have lost their exercise space they have been bringing patients in for one-on-one 6MWT with telemetry, exercise orientation and technical orientation and have started virtual education, exercise and support groups using the Thrive platform (from UHN), exercise demonstration videos from the Cardiac College (from UHN) and online educational mini-talks from regional partners
  - Overall programs have already started to plan for modifying and pivoting programming in preparation for future COVID-19 waves

### **Describing the Provincial Landscape of CR during the COVID-19 Pandemic**

To understand the broader provincial CR programming picture, CorHealth embarked on some informal data collection by e-mail survey to support the discussion at today’s forum regarding program activity related to real-time exercise supervision and evaluation. Discussion took place as to whether CR programs feel there is a need to collect CR data/information to support local/ provincial CR planning and delivery of CR through the COVID-19 pandemic.

- Participants were very supportive of the idea of CR data collection
- Data collection allows for provincial sharing of what other CR programs are doing during these uncertain times and supports program planning
- Comments were shared around provincial data/messaging being particularly helpful to provide programs with the provincial landscape to be able to advocate for CR programming within their own hospital/community
- Data collection should be ongoing so that it reflects the real-time dynamic situation and be flexible with the changing times as programming is changing rapidly

CorHealth will continue to plan for future CR data collection opportunities to support local/provincial CR planning and delivery through the COVID-19 pandemic based on the feedback received.

#### **Next Steps**

- Stay tuned for the next COVID-19 CR Stakeholder Forum
- Please email Karen Harkness ([karen.harkness@corhealthontario.ca](mailto:karen.harkness@corhealthontario.ca)) with any questions, comments, or suggestions for discussion at future Forums including the opportunity to provide a presentation of your program's activities
- As a reminder, all Forum presentations and summary notes can be found on the [CorHealth COVID-19 Resource Centre](#)