

COVID-19 Cardiac Stakeholder Forum #14

MEETING SUMMARY NOTES

DATE: June 25, 2020 | 8:00 – 9:00 AM

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.

GROUPS REPRESENTED: Over 80 people joined the call with representation from CorHealth Cardiac Leadership Council, CorHealth Vascular and Stroke Leadership Chairs, Ministry of Health, Ontario Base Hospital-MAC, Ontario STEMI Network, Cardiac Medical Directors, Program Administrators, Cath Lab Medical Directors, EP Medical Directors, interventional cardiologists, and cardiac surgeons.

HIGHLIGHTS

Virtual Care: Cardiac Opportunities

- Across the three clinical domains, CorHealth stakeholders have identified virtual care as a key area of focus for the COVID-19 forums; in response to this feedback, CorHealth is exploring virtual care opportunities and to better understand the needs, priorities, barriers & gaps

Transitioning to Virtual Care: An Outpatient & Community Service Delivery Model

- Ms. Mireille Testa (St. Joseph's Health Care, London) provided an overview on virtual care pre- and post-COVID-19, the applications of virtual care, what is working well, and barriers and evolving needs
- Opportunities for virtual care were mapped out across the entire community stroke rehab workflow
- A shift in telephone and video conferencing visits was highlighted, with video conferencing becoming more common versus the telephone, as comfort levels grew
- Some things that continue to work well include, demonstrating actions through video, emailing handouts and session summaries to clients, easy to include self-management approaches, and group visits
- It was emphasized that as virtual care continues to grow, there needs to be ongoing support from organizational leaders, access to resources & technology, and communication and collaboration with other programs

Patient & Provider Experience of Virtual Cardiac Rehab (UHN Cardiac Rehab)

- Dr. Paul Oh provided an overview of the patient and provider experience with virtual care, based on a survey for cardiac rehab
- Survey findings highlighted that the predominant method for engagement is through the telephone; the majority of patients feel quite okay with virtual care visits, but there is a substantial minority that does not feel prepared to participate equipment, energy and space required
- Some key enablers include a strong sense of commitment to patients, and support from directors, managers, and other staff.
- Some of the key barriers to virtual care included, the platforms being used, technical issues, time constrains, scheduling, language, and providers being partly redeployed
- For the most part, virtual care is viewed positively by patients, and by staff

Open Forum Discussion

Key Questions: (1) How are you currently using and/or planning to use virtual care? (2) What are your current needs/priorities with respect to virtual care? (3) What barriers have you experienced with respect to the implementation and/or delivery of virtual care? What opportunities exist to drive & optimize the use of virtual care?

- Many sites have not utilized virtual care models across all service lines before; the challenge is that this requires funding support to get the equipment required
- It would be helpful to have sites define what their resource needs are, and provide advocacy to the Ministry for this reimbursement as an enabler
- There is a need for other platforms that meet the privacy and security requirements; the OTN platform was noted to be somewhat cumbersome for care providers
- There is a place for remote service delivery to augment care, however, we cannot lose sight of the personal interactions and relationships with patients that cannot be captured remotely (especially with a first time patients)

From COVID to Service/Program Resumption: Hospital Administrators' Perspective

- Ms. Andrea Lemberg from St. Mary's General Hospital, provided an overview of St. Mary's resumption of services/programs planning from the hospital administrator perspective
- Their resumption planning structure was based on the Lean Principles with a focus on clinical patient flow status, and meetings with senior leadership team and directors, as well as regional conversations with the LHINs
- Communication was critical across the hospital, with daily COVID-19 updates that included a status update on PPE supply
- West region had a heavy burden of COVID and programs are working regionally and locally for safe, progressive, and fair resumption of programs/services

OTHER UPDATES AND NEXT STEPS

- This week's cardiac report was circulated to Forum members; cardiac activity reports will continue on a bi-weekly basis over the summer months
- Next meeting of the group will be held Thursday, July 9th, 2020, from 8:00 – 9:00 am
- If group members have any questions or comments, please email to Jana.Jeffrey@corhealthontario.ca, and they will be included for discussion at future meeting
- If group members would like to be part of one-on-one consultations to further explore cardiac virtual care opportunities for CorHealth's Virtual Care Initiative please email: Jana.Jeffrey@corhealthontario.ca