



# CorHealth COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #3

June 12, 2020 8:00-9:00 am

Toll-free number: 1 (844) 304-7743; Toll number: 1 (647) 951-8467

Conference ID: 374757732



# Welcome

**Sheila Jarvis, CEO, CorHealth Ontario**

# Agenda

Description	Lead	Time
1. Welcome <ul style="list-style-type: none"><li>Meeting Objectives</li><li>System/ CorHealth Updates</li><li>Forum Survey Results</li></ul>	Sheila Jarvis	8:00am
2. Facilitated Discussion <ul style="list-style-type: none"><li>Draft CR Memo #2 – Recommendations for an approach to resuming in-person outpatient CR services</li></ul>	Dr. Paul Oh	8:10am
3. Virtual Care <ul style="list-style-type: none"><li>CorHealth Ontario Initiative</li><li>Facilitated dialogue on Experiences, Needs, Barriers and Opportunities</li></ul>	Karen Harkness Dr. Paul Oh	8:35am
5. Next Steps	Karen Harkness	8:55am

# Meeting Objectives

- To provide information on key system planning updates
- To present and gather feedback on the final draft of the guidance memo to support the resumption of in-person outpatient cardiovascular rehabilitation programming
- To provide an opportunity to share and continue dialogue on the current activities, ongoing needs, barriers and opportunities related to virtual cardiovascular rehabilitation

# COVID-19 System Updates

- Ontario Health released ***Infection Prevention and Control (IPAC) for Scheduled Surgeries and Procedures During the COVID-19 Pandemic*** on June 8, 2020 that outlines recommendations for all hospital-based scheduled surgeries & procedures
  - All patients should be screened for COVID-19 before scheduled surgery and only those patients who pass screening/testing should proceed to the scheduled surgery; and, hospital PPE requirements continue to be in effect
- Also on June 8, 2020, Ontario Health released ***Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care.*** Highlights include:
  - Maximizing virtual care services that appropriately reduce in-person visits
  - Taking a comprehensive approach to infection prevention and control where care is provided in-person, and ensuring appropriate PPE is available to all staff wherever there is risk of exposure to an infection
  - Assessing the health human resources required to increase care activity

# *Ontario Health: Recommendations for Regional Health Care Delivery During the COVID-19 Pandemic: Outpatient Care, Primary Care, and Home and Community Care*

**Purpose of the document:** Provide high-level recommendations to support key planning criteria for gradually increasing care delivery during the pandemic for outpatient care, primary care, and home and community care organizations.

They are guided by ethical principles and planning assumptions that should be considered when using these recommendations

## **Key planning criteria for provision of care:**

1. A long-term strategy for virtual care (where applicable)
2. Policy and procedures for IPAC
3. An adequate supply of PPE
4. Adequate health human resources
5. Collaborative relationships with local health service providers, other community supports, and patients/clients
6. Capacity to monitor rates of COVID-19 in the community
7. A strategy for communicating with patients/clients and caregivers
8. A strategy for ethical prioritization of patient/client care

# CorHealth Forum Survey Findings

Response:

Total respondents: 104

Cardiac (45); Heart failure (27), Stroke (30), Vascular (19), Rehabilitation (C/S/V) (30)

Key Themes- Cardiac and Rehabilitation Respondents

- Virtual care
- Importance of addressing cardiac rehabilitation
- Sharing learnings of virtual care, group CR, staying in touch with patients
- How to ramp up rehab services- what is the 'new normal'?

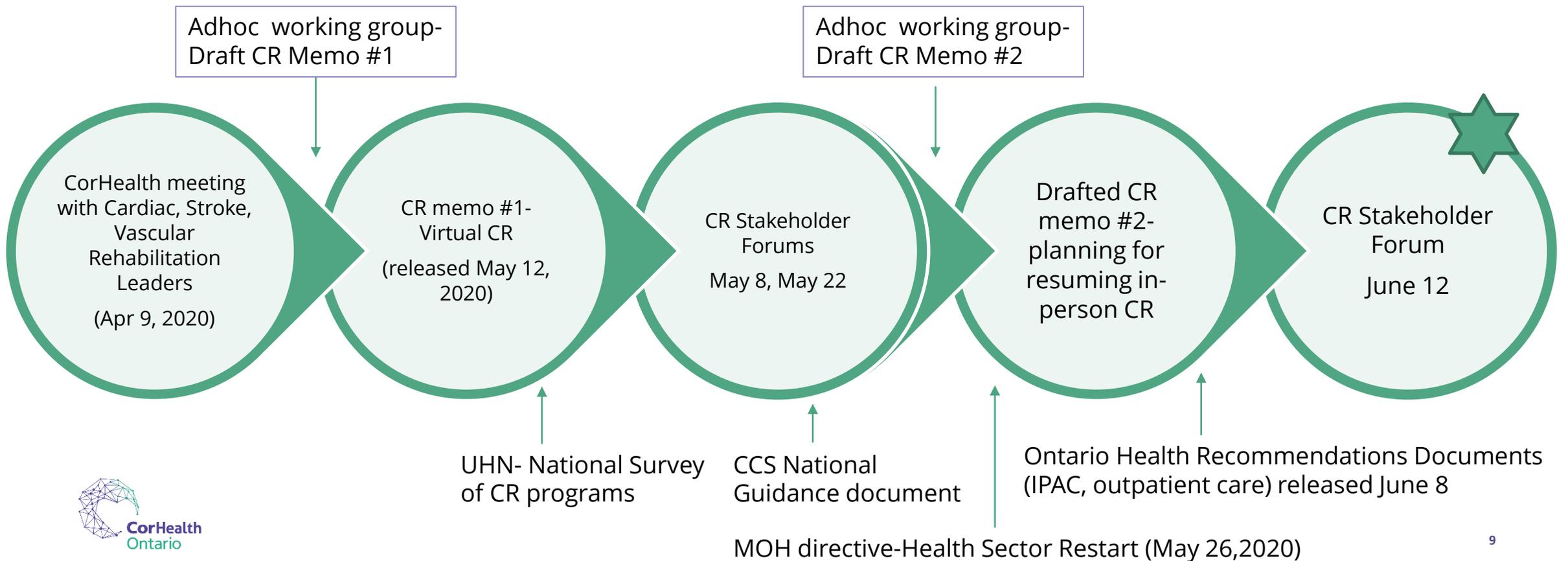


# Draft CR Memo #2

# Facilitated Discussion

**Dr. Paul Oh/Karen Harkness**

# Activities and documents to support Cardiovascular Rehabilitation in Ontario during COVID-19



# Organization of the Guidance Memo

## MAJOR SECTIONS

- Preamble and Guiding Principles - Generic to CorHealth guidance memos
  - Background and assumptions relevant to CR memo
  - Patient considerations for in-person cardiovascular rehabilitation programming
  - Patient Assessment
  - Delivery of Core Components
  - Other considerations (e.g., tips to consider when promoting distancing for in-person CR services)
- Charts are used to demonstrate an example of a phased approach for resuming patient assessment and in-person activity

# Assumptions

- The delivery of CR will include both virtual and in-person care options as virtual CR presents the opportunity to **limit in-person visits** when and where possible.
- Despite the critical need to provide virtual CR options, there are situations where **in-person services are necessary**.
- **CR programs and providers are in the best position** to determine which clinical services can be offered virtually and which services can safely resume in-person, assuming the necessary provincial, regional, local, and applicable health regulatory college requirements are met.
- Resumption of in-person CR services will be a **gradual** process.
- The virtual care landscape will **continue to evolve** (patient & provider experience, organizational models/workflow processes, health care provider responsibilities, organizational leadership/champion, compensation models, digital health, ministry direction etc.).
- The delivery of CR will need to **accommodate to the potential ebb and flow** of care delivery restrictions along the COVID-19 pandemic trajectory.

**Do these assumptions resonate? Have we missed anything?**

# Patient Considerations for In-Person Programming

- A patient requires an in-person clinical and/or functional assessment by a health care provider **to gather critical information for informing care decisions** that is not possible to gather accurately and confidently in a virtual platform (e.g. people who are high risk for a cardiac event, have complex comorbidities, underlying frailty, or have clinical, psychological, or behavioural issues).
- A patient **does not have access to or is unable to use virtual technology** for the purposes of participating **in an effective CR program** and cannot be supported to do so by a caregiver or family member (e.g. privacy is needed for the discussion, language barriers or social determinants of health)
- **Patient choice/preference** where there is program capacity to accommodate

**Are there any other considerations for in-person programming?**

# Patient Assessment: Phased Approach

	AMBULATORY CARE RESTRICTIONS		
	Severe	Moderate	Minimal
<b>Patient assessment</b>	In-person NA	<p>Approximately 25% of pre-COVID volumes.</p> <p>Eligible patient populations as outlined above (in-person considerations)</p> <p>Consider gathering as much information as possible in advance through virtual methods (e.g., phone) to limit patient time in-person</p> <p>During an in-person intake, consider including orientation to virtual care platforms used to support virtual CR by your program to help enable this option for some individuals</p>	<p>Approximately 50% of pre-COVID volumes.</p> <p>Patients eligible may extend to lower-risk cohorts</p> <p>Consider combining an initial exercise orientation session or other CR services during the same visit as the intake assessment.</p> <p>During an in-person intake, consider including in-person orientation to virtual care platforms used to support virtual CR by your program to help enable this option for some individuals</p>

- Do these recommendations resonate?
- Do they reflect planning discussions at your local institution?
- Are there additional recommendations to consider?

# Functional Capacity Assessment-Phased Approach

	AMBULATORY CARE RESTRICTIONS		
	Severe	Moderate	Minimal
<b>Functional Capacity Assessment</b>			
Self-reported	Physical activity and functional capacity questionnaires Walk and talk test		
Virtual observation	Patient exercising Consider 6MWT <sup>7</sup>		
In-person observation	NA	Supervised, in-person testing/assessment protocols such as 6MWT, observation of patient exercising	
Formal exercise testing	NA	25% of pre-COVID volumes where available  In the initial phase of recovery, programs may consider use of GXT rather than CPET to help minimize potential respiratory exposures that may be associated with CPET*	Return to usual GXT and/or CPET testing practices to optimize exercise prescription and functional capacity improvements  Consider a thoughtful 'new normal' approach considering less formal exercise testing where appropriate

- Do these recommendations resonate?
- Do they reflect planning discussions at your local institution?
- Are there additional recommendations to consider?

NA - not available; GXT-Graded Exercise Test; CPET-Cardiopulmonary Exercise Test; 6MWT- 6 Minute Walk Test

\*The decision to proceed with GXT or CPET in CR programs and the requirements for PPE should be made in accordance with policies and practices in the respiratory and cardiology diagnostic labs in your local hospital and/or clinic

# Delivery of Core Components-part 1

CR program core component	AMBULATORY CARE RESTRICTIONS		
	Severe	Moderate	Minimal
Initial exercise orientation	In-person not available	25% in-person orientation to exercise depending on usual practice  May combine with intake appointment	25-50% in-person for orientation to exercise depending on usual practice.  May combine with intake appointment
Exercise supervision Aerobic and resistance training		25% of pre-COVID class size	25-50% of pre-COVID class size Important to consider structured peer support arrangements to meet patient-identified needs

- Do these recommendations resonate?
- Do they reflect planning discussions at your local institution?
- Are there additional recommendations to consider?

# Delivery of Core Components-part 2

CR program core component	AMBULATORY CARE RESTRICTIONS		
	Severe	Moderate	Minimal
Counselling and/or appointment for risk factor management (1:1)		25% of pre-COVID volumes	25-50% of pre-COVID volumes
Education (Group)		Not likely Small group education may align with small group exercise sessions	Not likely Small group education may align with small group exercise sessions
Peer group support		Not likely outside of in-person interaction with small group exercise sessions	Not likely in-person dedicated peer support activity outside of combining with exercise or education activity

- Do these recommendations resonate?
- Do they reflect planning discussions at your local institution?
- Are there additional recommendations to consider?

# Other Considerations

## TIPS TO CONSIDER WHEN PROMOTING DISTANCING FOR IN-PERSON CR SERVICES

- Temporal distancing
  - Expand schedules to weekends or evenings
  - Space appointments to allow time for cleaning in between
  - Offer in-person classes with rotating or staggered schedules
  - Limit the frequency of classes or session duration and supplement care with virtual or home-based options
- Numerical distancing
  - Use smaller group sizes for group activities
  - Implement a 'no visitor' or 'patients only' policy in the facility
- Physical distancing
  - Move/remove equipment or make use of alternate physical arrangements to increase spacing (at least 6-12 feet, but distance should be determined in collaboration with local infection control advice). Increase this distance for patients exercising at high intensity
  - Place markers at 6 feet intervals for patients to encourage and guide physical distancing
- Personal equipment distancing
  - Encourage patients to bring own equipment (e.g., resistance training bands, blood pressure or heart rate monitors) rather than using centre-based equipment where possible



# Virtual Care and Cardiovascular Rehabilitation

**DR. PAUL OH**

# Discussion

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?
4. What has worked well with respect to the implementation and/or delivery of virtual care?
5. What opportunities exist with respect to virtual care?

# Additional resources to support Virtual Care



Contact: Natalie Gierman

Email:  
[Natalie.Gierman@heartandstroke.ca](mailto:Natalie.Gierman@heartandstroke.ca)

Virtual care tool kit for patients/caregivers with cardiac conditions – early days



Contact: Jennifer Harris

Email:  
[JHarris@ottawaheart.ca](mailto:JHarris@ottawaheart.ca)



Contact: Nicole Sandison

Email:  
[nicole.sandison@uhn.ca](mailto:nicole.sandison@uhn.ca)



# Next Steps

**KAREN HARKNESS**

## Next steps

- Update recommendations based on today's discussion and feedback
- Finalize guidance memo for distribution and posting to the [CorHealth COVID-19 Resource Centre](#)
- Please share any resources or links to support the recommendations in the guidance memo to:  
[Karen.harkness@corhealthontario.ca](mailto:Karen.harkness@corhealthontario.ca)
- Looking for CR stakeholders interested in sharing thoughts, experience, activities to gather patient/provider feedback related to virtual CR with the CorHealth team (e.g. stakeholder phone interview) in the next 1-2 weeks- please email Karen Harkness
- Continue to explore the need for additional CR Forums
- CACPR webinar announcement-June 24<sup>th</sup> at 12:00 pm EST on Zoom (see appendix for registration information)



**Thank You!**

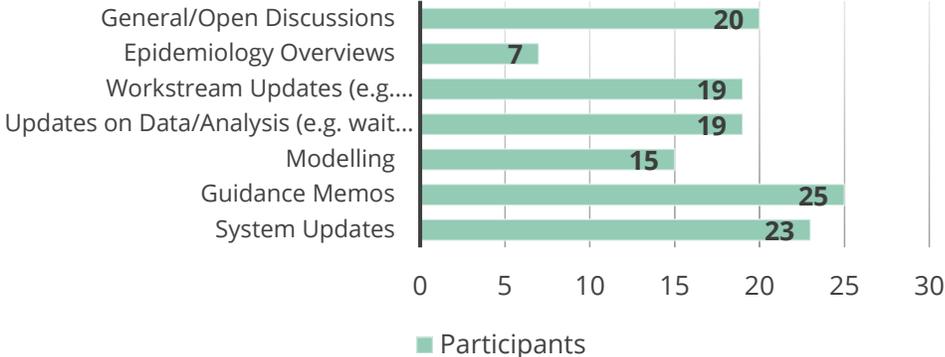


# Appendix

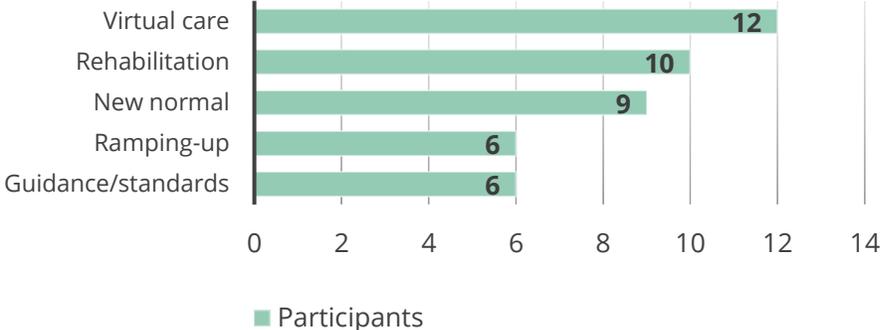
# COVID-19 Rehabilitation Stakeholder Forum Survey Results

**RESPONDENTS: 104** | **Q1: Forum Participation Breakdown: Cardiac - 45, Heart Failure - 27, Stroke - 30, Vascular - 19, Rehabilitation (C/S/V) - 30**

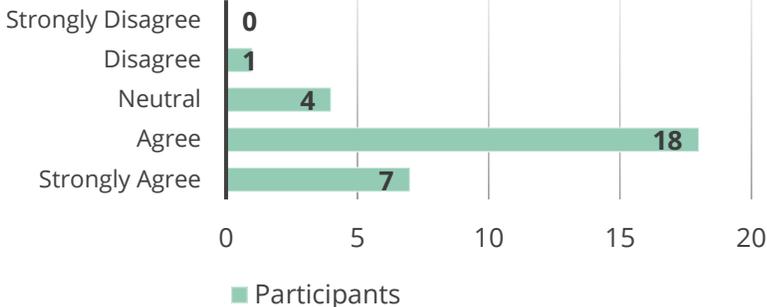
**Q2: Beneficial Forum Components to Support Rehabilitation (stroke/cardiac) in Ontario during COVID-19**



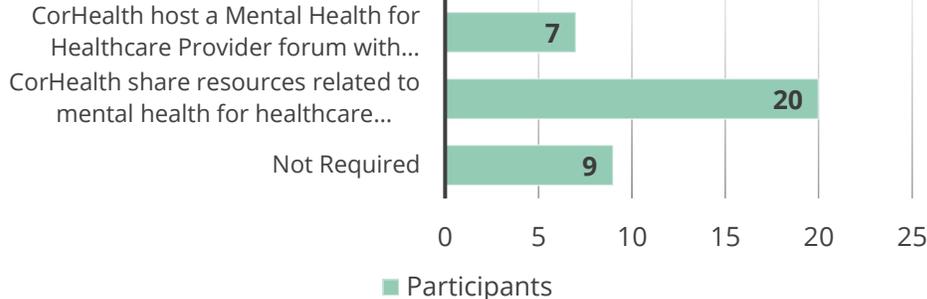
**Q3: Top 5 Areas of Focus that Would Like to be Seen Included in Future Forums (responses from across all forum respondents)**



**Q4: The topics discussed at the Forum(s) are timely:**



**Q5: At Several CorHealth COVID-19 Stakeholder Forums, we have heard a number of providers raise concerns about mental health. Of the following options, please indicate what would be beneficial:**



Notes: Some participants have attended additional forums and therefore some answers are not Rehab Forum specific, unless specified. Survey was open from May 19 – 29, 2020

CACPR Webinar- June 24, 2020: 12:00 pm EST

# Coping with Covid



## Panel Discussion #2



Cardiac Rehab during the Covid-19 pandemic

### Where are we now?

**June 24th**

12:00pm Eastern Daylight Time



Registration on CACPR website: <https://cacpr.ca/>

# Virtual Care Toolkit and Checklists

Heart and Stroke Foundation Canadian Stroke Best Practice Recommendations  
Telestroke Implementation Toolkit 2020

Figure 1: Virtual Healthcare (Telestroke) Program Roadmap (CTAC, 2020)

Virtual Stroke Care Service Identified	Governance	Technology	Clinical Readiness	Care Delivery
<b>Hyperacute (Emergency) Stroke Care (Save lives)</b>				
<b>Emergency Telestroke</b>	<ul style="list-style-type: none"> <li>Integrated Stroke Strategy with coordination of EMS, referring sites and consultants</li> <li>Clinician buy-in at referring and consulting sites</li> <li>Coordinated and sustainable on-call schedule and reimbursement for consultants</li> </ul>	<ul style="list-style-type: none"> <li>Point to point networking connectivity</li> <li>Diagnostic quality and physician tested equipment</li> <li>On-demand service support solution</li> <li>Data security and privacy</li> <li>Diagnostic images sharing solution</li> </ul>	<ul style="list-style-type: none"> <li>Training of all clinical and technical staff across disciplines (EMS, ED, DI, Lab)</li> <li>On-call schedule</li> <li>Protocols in place for rapid launch of a Telestroke session, including priority access to CT scanner</li> <li>Transfer and repatriation MOUs</li> </ul>	<ul style="list-style-type: none"> <li>Agreement on patient consent</li> <li>Rapid assessment of patient, including LSN time</li> <li>CT scan without delay upon arrival to ED</li> <li>Process for rapid decision-making with consulting site re: treatment and transfer</li> <li>Documentation and follow-up if needed</li> </ul>
<b>Ambulatory Care (Stroke Prevention, Monitoring and Follow-up) (Promote health)</b>				
<b>Secondary Prevention &amp; Ambulatory</b>	<ul style="list-style-type: none"> <li>Integrated Stroke Strategy with access to stroke prevention services</li> <li>Clinician buy-in across disciplines</li> <li>Coordinated and sustainable funding and reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>Network service management model for multidisciplinary clinicians.</li> <li>Security and privacy</li> <li>Diagnostic images, testing and lab results sharing solution</li> <li>Data from wearables and therapeutic devices</li> </ul>	<ul style="list-style-type: none"> <li>Provincial, regional &amp; local process for referral, triage, and scheduling</li> <li>Consider goals of interactions and appropriateness of virtual vs in-person</li> <li>Access to relevant medical records, test results</li> </ul>	<ul style="list-style-type: none"> <li>Consent obtained</li> <li>Validated tools for remote clinical assessments</li> <li>Address elements of Post Stroke Checklist</li> <li>Documentation of session accessible</li> <li>Follow-up plans booked and communicated</li> </ul>
<b>Rehabilitation, participation, support, and independence (Enhance Recovery)</b>				
<b>Rehabilitation Homecare Community</b>	<ul style="list-style-type: none"> <li>Integrated Stroke Strategy with access to stroke prevention services</li> <li>Clinician buy-in across disciplines</li> <li>Coordinated and sustainable funding and reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>Network service management model for multidisciplinary clinicians.</li> <li>Data security and privacy</li> <li>Data from wearables and therapeutic devices</li> <li>Tele-homecare technologies accessible</li> </ul>	<ul style="list-style-type: none"> <li>Processes for referral, triage, and scheduling</li> <li>Goals of interactions and appropriateness of virtual vs in-person</li> <li>Access to medical records, test results</li> <li>Equipment and resources required in advance of session</li> <li>Choice of therapies and protocols</li> </ul>	<ul style="list-style-type: none"> <li>Safety and tolerance for active participation</li> <li>Presence of family or caregiver</li> <li>Online assessment tools and outcome measurement tools</li> <li>Demonstration and observation</li> <li>Follow-up and documentation</li> </ul>
<b>Education, Outreach and Support- An integral part of stroke care (virtual and in-person)</b>				
<b>Virtual Stroke Education</b>	<ul style="list-style-type: none"> <li>Evidence-based content aligned to program delivery</li> <li>Assessment of individual needs</li> <li>General vs targeted</li> </ul>	<ul style="list-style-type: none"> <li>Secured portals for engagement</li> <li>Digital-first strategy</li> <li>Accessibility for communication and cognitive challenges</li> </ul>	<ul style="list-style-type: none"> <li>Virtual support, self-management, skills training</li> <li>Training clinicians</li> <li>Promotion, communication, distribution</li> </ul>	<ul style="list-style-type: none"> <li>Include education in all sessions</li> <li>Learning goals</li> <li>Adequate time for review and discussion</li> </ul>

EVALUATION: Structure, process, and outcome indicators on Impact of Virtual Stroke Care

# 2020 Virtual healthcare checklist

Your guide to efficient and effective virtual healthcare sessions

## Important

A heart attack, stroke or cardiac arrest is an emergency that requires immediate medical attention. **Call 9-1-1** if you or someone with you experiences **signs** of a heart attack, stroke or cardiac arrest.

There may be some situations where an in-person session is required to provide the care you need. Discuss your care with your healthcare provider.

Continue to follow public health measures to support physical distancing, as required.

### For additional information:

Detailed virtual care information: [2020 Virtual Healthcare Implementation Toolkit](#).

[Canadian Stroke Best Practices website](#) to manage your stroke.

## Definition: What is virtual care?

Virtual care is a healthcare session between a healthcare provider and a person with a health issue, which takes place with each person in a different location, like a home or clinic. It uses technology to connect them – such as by phone or computer with or without video-conferencing.

## Goal

This checklist provides you, your family to optimize your virtual sessions with a with lived experience of stroke, heart c impairment are experiencing an increa sessions. Use this checklist for an initia monitoring and rehabilitation therapy.

## General tips: Preparing for a virtual healthcare session

- Ask your healthcare provider about your rights, privacy, and any confidentiality concerns.
- Consider your ability to participate in virtual healthcare sessions, such as physical abilities, technical abilities, communication challenges, language barriers, cognitive capacity.
- Ask your healthcare provider how much space you will need for your session.
- Plan your meeting space. Consider privacy and confidentiality, good lighting, minimal background noise and distractions (such as televisions, radio, pets). Ensure that the space is clear for you to safely move around for assessments and rehabilitation (e.g. remove tripping hazards such as loose rugs or cords).
- Have glasses, hearing aids, communication devices, or other accessibility devices with you.
- Have someone else available to par if possible (e.g., family member, care safe physical distancing and public frequent handwashing).
- Gather information you will need for current medication list, pharmacy n number, and health data such as re glucose levels.
- Write down your list of concerns an paper to make notes.
- Ask about reliable online resources manage your recovery and your da
- Have a plan in place for transport to becomes necessary. Ask about clir care you need.

## Getting connected: Technology tips for a virtual healthcare session

- At time of booking, ask which applications or programs your healthcare provider will use and download them before your session.
- Ask if there is someone that you can contact for technical support, if needed.
- Know how to connect with your healthcare provider to cancel or reschedule the session or if the internet goes down.
- Test your microphones, speakers and webcam ahead of time. Request a test call, if available, to be sure everything is working.
- Ensure that your phone or computer is charged and that you have access to a reliable internet connection throughout your session.
- Be aware of your camera range. The healthcare provider can only see what your camera sees.



Tips for a successful virtual ambulatory care session (such as stroke prevention or heart failure clinic)

### Before the session:

- Identify others who need or want to participate (e.g., family members, family physician, nurse) and determine whether it is appropriate and technically possible.
- Ask your healthcare provider if any bloodwork, imaging, or testing is required before the session, when it needs to be completed and where to get it done. Ask how to get the test requisitions.
- Book your appointment for your test when possible to avoid waiting in a public area. Follow safety precautions, such as physical distancing and hand washing, when accessing testing services.
- Ask your healthcare provider if you need any items or equipment during the session like a blood pressure device. If planning a neurological exam, you may be asked to have a toothpick and ice cube ready.

### During the session:

- Participate in the virtual session to the best of your ability.
- During the session let the healthcare provider know if you feel unsafe, uncomfortable, unwell, or have any concerns with how the session is going. You can request to terminate the session at any time.
- Ask questions to make sure you understand all information, instructions, and any changes to your medications that you are given. Don't be afraid to repeat back and test your understanding.
- Speak to changes in your mood, energy levels, feelings of fatigue, or sleep patterns with your healthcare provider
- Note follow-up appointments, new referrals, and tests, where they will take place (virtual or in-person), and how they will be arranged.
- Request a follow-up session to receive education to help you manage on your own, if needed.

### For additional information:

Heart & Stroke [Community of Survivors](#) and [Care Supporters Community](#) for online and peer support. [Heart & Stroke website](#) for more information.



\*The heart and / icon on its own and the heart and / icon followed by another icon or words are trademarks of the Heart and Stroke Foundation of Canada.



Tips for a successful virtual rehabilitation session

### Before the session:

- Consider your ability to safely participate in a virtual rehabilitation session, such as physical abilities and cognitive capacity.
- Organize your space so you can safely participate in a rehabilitation session virtually.
- Ask what to expect during your session (e.g., assessments, what types of activities will you be doing, how much space you will need, length of the session).
- Ask what information and equipment you will need during your session, and where to obtain these items. Have these items ready.
- Have someone join you, such as a family member or caregiver. They can help with assessments and treatments, ensure safety, help support your affected limb for stroke rehabilitation, and take notes.
- Record details of your progress and changes (good and bad) in aspects of your recovery between sessions.

### During the session:

**It is important to let your healthcare provider know if you are feeling unwell, unsafe, or have new or worsening symptoms (such as shortness of breath, weakness, dizziness). Stop the activity right away, sit down, and discuss with them what you should do. You may be asked to visit the hospital or healthcare provider for further assessment and care.**

- Wear comfortable clothes and non-slip footwear to walk or perform specific movements.
- Have a chair or table available for support during the session.
- Ask questions and concerns regarding your recovery, activities and therapies recommended for you, your daily routine or to monitor your progress. Don't be afraid to repeat back and test your understanding.
- Speak to changes in your mood, energy levels, feelings of fatigue, or sleep patterns with your healthcare provider.
- Note follow-up appointments, referrals, and tests, where they will take place (virtual or in-person), and how they will be arranged.
- Ask and record how to contact rehabilitation team members or community support teams as needed for your care.