

COVID-19 Rehabilitation Stakeholder Forum

MEETING SUMMARY NOTES

DATE: APRIL 30, 2021; 8:00-9:00 AM

GROUPS REPRESENTED: More than 60 stakeholders joined the call with representation from the CorHealth Cardiac Leadership Council, CorHealth Stroke Leadership Council, Cardiovascular Rehabilitation Programs, Stroke Rehabilitation Programs, the Rehabilitative Care Alliance and Heart and Stroke Foundation Leadership

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

- CorHealth Ontario has started hosting combined (stroke, cardiac and vascular) COVID-19 forums weekly, as necessary.
 - To date, two forums have occurred (April 21st and April 28th), with a specific focus on ICU capacity, EMS transfer considerations and health human resource pressures.
 - Forum summaries and presentations can be found on [CorHealth's COVID-19 Resource Centre](#).
- The Ministry of Health (MOH) re-released Directive #2 on April 20 to ramp down non-urgent and non-emergent procedures and surgeries. The CorHealth COVID-19 Guidance Memos that were produced during earlier phases of the pandemic remain relevant and provide guidance to support cardiac, stroke and vascular providers navigate through the pandemic. These memos can be access on [CorHealth's COVID-19 Resource Centre](#).
- Karen Harkness informed stakeholders that, due to current pressures with respect to the third wave of the pandemic, data collection from CR programs as part of the Provincial Cardiac Rehab Measurement and Reporting Initiative has been put on hold. This activity will be revisited as the system recovers. Stroke Rehabilitation Stakeholders were invited to participate in a “live” online survey to support discussions in the latter half of the meeting.

Outpatient Cardiovascular Rehab

- Dr Paul Oh, shared some experiences from the Toronto Rehabilitation Institute:
 - Daily discussions occurring within Toronto Rehab with respect to Directive #2 and what it means for outpatient and inpatient activities. The importance of ramping down as much as possible to free up health human resources for other areas of the system is continually balanced against the ongoing needs of patients who require rehabilitation services.
 - Discussions have focused on how programs can be modified to make them safe, effective, and responsive to the ebb and flow of COVID-19. Given that many of the adaptations made during wave one and two of the pandemic were done so with wave three in mind, we are in a good position to respond to current challenges.
- Dr. Paul Oh shared key findings from a pre-meeting “check-in” with a select group of cardiac rehabilitation programs:
 - Encouragingly, it was found that programs are able to maintain some level of activity and that, for most programs, activity levels remain unchanged when compared to the previous month. There are some exceptions, especially for programs located in hospital settings, where the need to free up people to work in other areas of the organization is most prominent. In these cases, some of the CR programs have closed temporarily.
 - Certain hospitals, such as Scarborough, noted a decrease in referrals due to the ramp down of surgeries/procedures.
 - All programs shared that they are operating virtually in some capacity. The newly released [Virtual Cardiovascular Prevention and Rehabilitation Implementation Toolkit](#) (HSF and CACPR) as well as the [CorHealth Guidance Memos](#) were noted to be extremely helpful with respect to the operationalization of these virtual care models.
 - Ontario Health directives as well as directions from local tables has caused many programs to carefully examine and/or decrease their use of on-site visits. That being said, increased vaccination of staff and patients has mitigated the need for complete shutdown of in-person visits. Redeployment of staff, however, may result in shifts to virtual care.
 - There is variation in access to stress testing through cardiovascular rehab programs. A few month ago, most programs were continuing with stress testing; however, some programs have had to stop or restrict access during the 3rd wave.

- Dr. Oh noted that locally (Toronto), cardiac diagnostics have been identified as essential to maintain throughout the pandemic because of the supportive role they play with respect to emergency cardiac care.
- Regional variation was also noted with respect to staff redeployment. In regions where there are greater inpatient demands staff are being re-deployed to the ICU and/or ED. In response to these shifts, outpatient staff are being re-deployed to support inpatient rehabilitation programs. This reflects the acuity of the system; however, it does not negate the need to continue to provide outpatient services where possible.

Discussion: Dr. Paul Oh invited forum participants to provide commentary on their experience during the third wave and whether these findings resonate

- Participant noted that the primary focus within their program has been on patients with COVID-19 and supporting colleagues who are being redeployed to ICU settings to provide nursing care. This re-deployment can be very stressful.
 - Redeployment of staff has resulted in fatigue and the inability to continue with intakes because of 50-60% staffing reductions. Despite these staffing reductions and decreased intake, the demand remains the same.
 - Although there is openness and willingness to support colleagues in acute care there are concerns about how this may impact the care along the continuum and helps keep patients out of hospital
- Participant noted that, as a northern Family Health Team, their focus has shifted primarily to supporting vaccination efforts and COVID-19 patients transitioning home. As a result, rehab services have been put on hold
 - Dr. Oh noted that this experience aligns with what was heard at the International Rehab Cardiac Forum that took place last evening (April 29, 2021). Specifically, colleagues from Brazil mentioned that they have recently been able to open after several months of closure, but that the majority of care is being devoted to COVID-19 rehabilitation as opposed to cardiac rehabilitation.
- Participant from William Osler Health Services shared that their cardiac rehabilitation program has been closed for one week. Kinesiologists from the CR program have been re-deployed to the Emergency Department to support nursing staff.
 - Very concerned about the backlog that is going to occur during closure. Patients that were receiving care will be at a different level of rehab than those that are just starting which may be difficult to manage. Questioned whether these patients would have to go back to week one again once they re-open.

- Discussed opportunity to distribute patients across the province using programs that continue to offer virtual care; however, a formal provincial coordination system does not exist.
- Jennifer Harris from the Ottawa Heart Institute shared that because their centre is cardiac focused, they have been able to maintain their programs and even support other programs in the area that have had to close (i.e., offering virtual programming for their patients)

Inpatient, Outpatient and Home-Based Stroke Rehabilitation

- Karen Harkness reviewed the preliminary results from the “live” stroke rehabilitation survey (see appendix for complete results)
 - 27 Responses from stroke rehab programs (Note: Cardiac Rehab programs that responded to the survey (n=7) were excluded from the survey findings to ensure results reflected the experiences of stroke rehab programs)
 - All inpatient rehabilitation programs (n=12) remain open; however, referral activity and wait times vary from program to program. Although the majority of respondents have experienced staff re-deployment, the interprofessional team approach has been maintained.
 - A mixture of outpatient and home-based programs responded (n=15). The majority of these programs remain open; however, referral activity and wait times varies from program to program. Although several respondents have experienced staff re-deployment the majority have not.
 - With respect to care models, the majority of respondents have adopted hybrid models of care (virtual and in-person model of care), but some are providing virtual only. The majority of programs have been able to maintain an interprofessional approach to care.

Discussion: Dr. Mark Bayley invited forum participants to provide further commentary on their experience during the third wave.

- Participant raised concerns about the potential increased demands that may be experienced as a result of COVID-19 (i.e., could there be a surge in stroke incidence?).
 - Dr. Bayley agreed that more research is required to understand the interaction of COVID-19 with coagulation and other inflammatory factors. Unfortunately, we do not know the answer to this question right now.
- Participant shared that Bluewater Health’s inpatient rehab unit has been moved twice resulting in a decrease from 40 to 30 beds. The unit has also been taking non-typical patients.

- Participant noted that the need to isolate patients when transferred from an acute site to a rehabilitation sites has impacted rehab capacity and created increased wait times for patients transitioning from acute to rehab.
 - Another participant shared that sites taking patients from out of region/out of typical referral pathways has also created increased wait times.
- Several participants shared concerns regarding the discharge and transition support for patients that have been cared for out of region when sending back to their local community.

Next Steps

- Participants were asked how CorHealth might be able to support them during this time (i.e., what do you see as the role of CorHealth at this time?)

Discussion

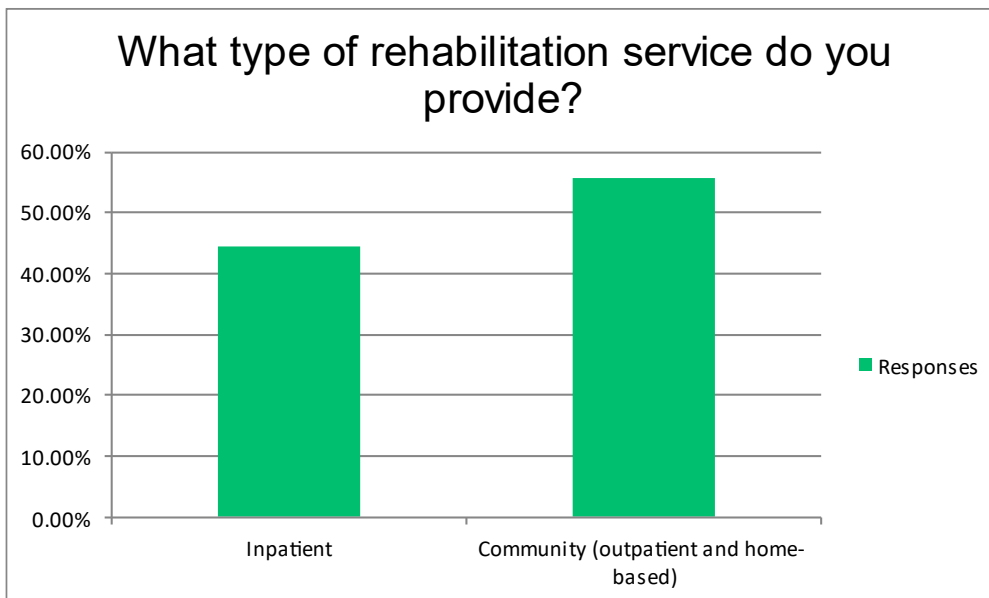
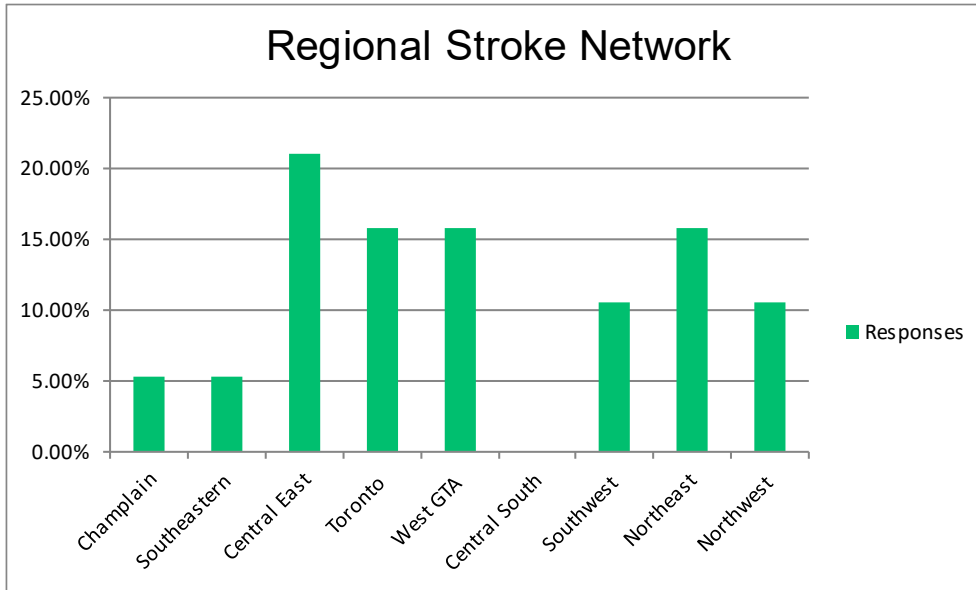
- Resources or supports to help providers who may be providing discharge planning for patients that live in different area of the province.
 - Donna Cheung, Rehabilitation Coordinator, suggested that the Provincial Stroke Rehabilitation Coordinators Group may be able to provide information about local resources following stroke inpatient rehab etc.
- The development of a memo that reiterates the importance of rehabilitation would be helpful to support conversations with senior administration and may help to prevent program closures.
- Participant wondered if CorHealth could support or recommend a system approach to contingency planning whereby organizations that have rehab capacity can be used to support others (i.e., work together to support timely access to rehabilitation across the province or neighboring regions).
- The need to evaluate the impact of COVID-19 and the different care models (e.g., virtual rehabilitation) was identified as a potential area of focus. There are different approaches/models being implemented across the province and it would be helpful to understand what works and what does not work.
- Participant recommended bringing the insights gleaned from this meeting to the larger COVID-19 Stakeholder Forum on Wednesday May 5, 2021.

Upcoming Activities and Wrap Up

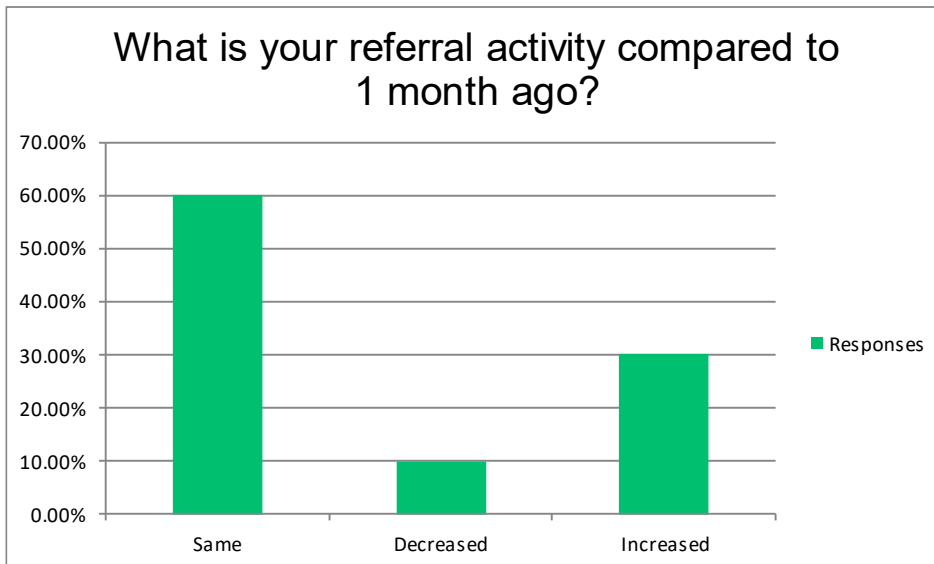
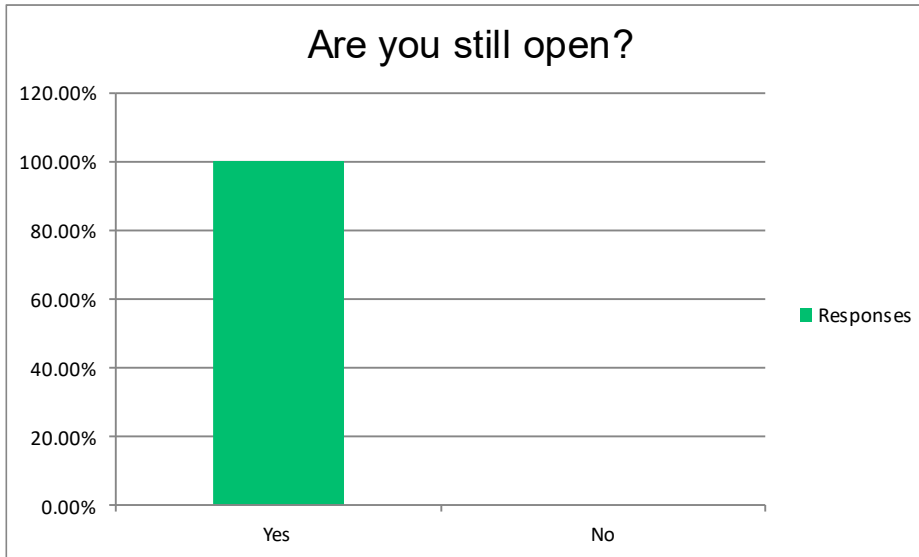
- Karen Harkness shared a list of upcoming events for patients and providers as well as the link to the new HSF/CACPR: Virtual Cardiovascular Prevention and Rehabilitation Implementation Toolkit.
- Please feel welcome to email Karen Harkness (karen.harkness@corhealthontario.ca) and/or Shelley Sharp (shelley.sharp@corhelathontario.ca) with any questions, comments, or suggestions for agenda items or discussion topics at future Forums

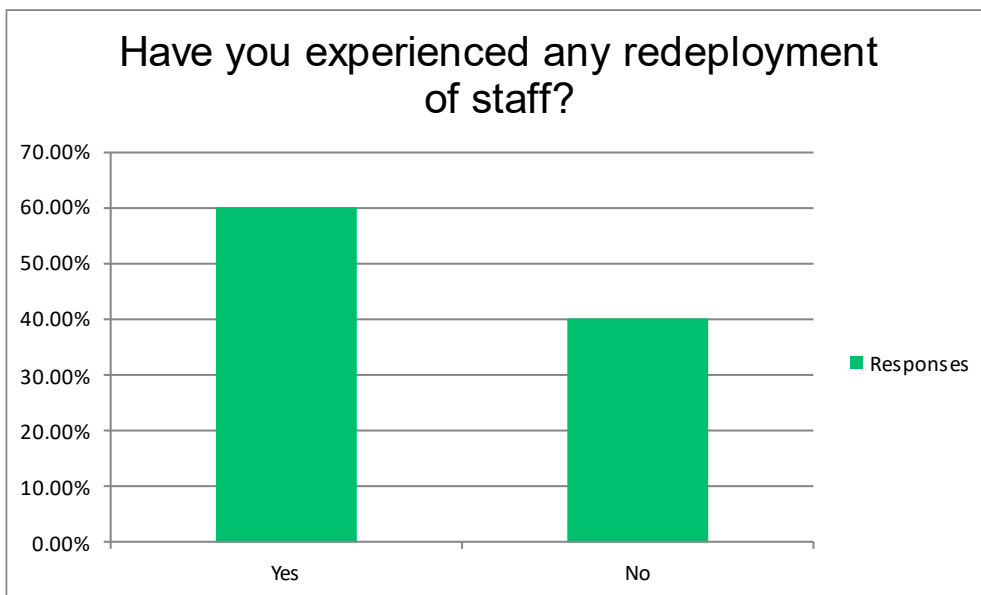
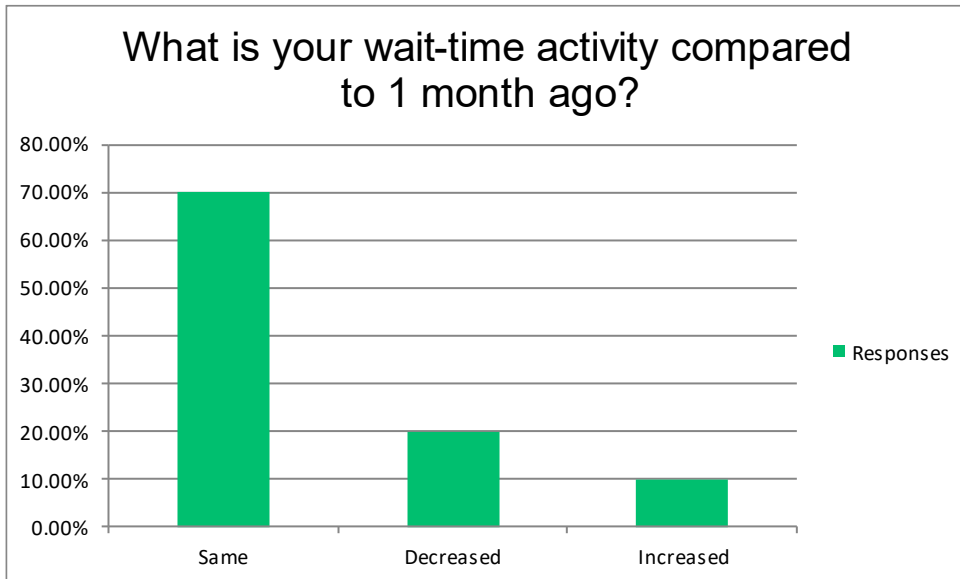
Appendix: Results from “Live” Stroke Rehab Stakeholder Survey

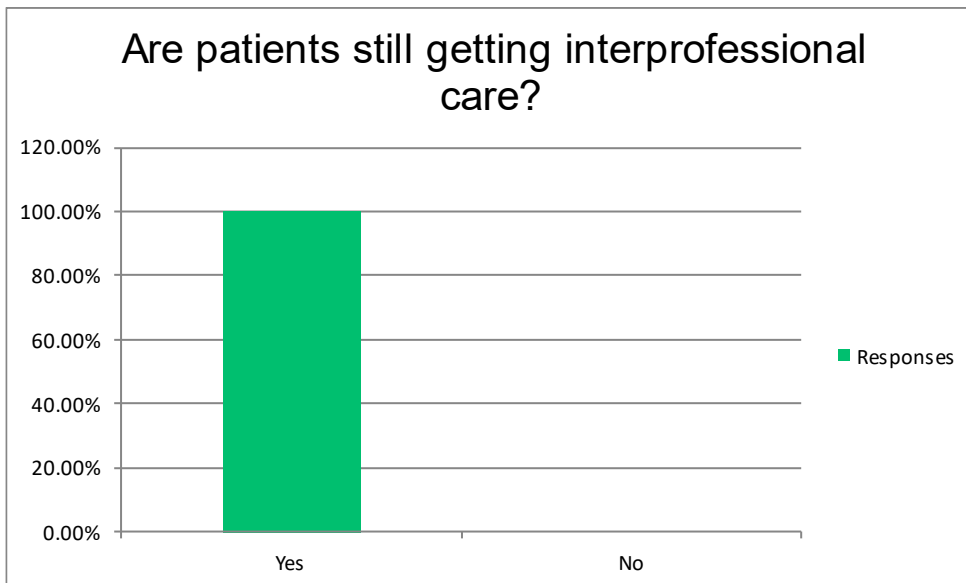
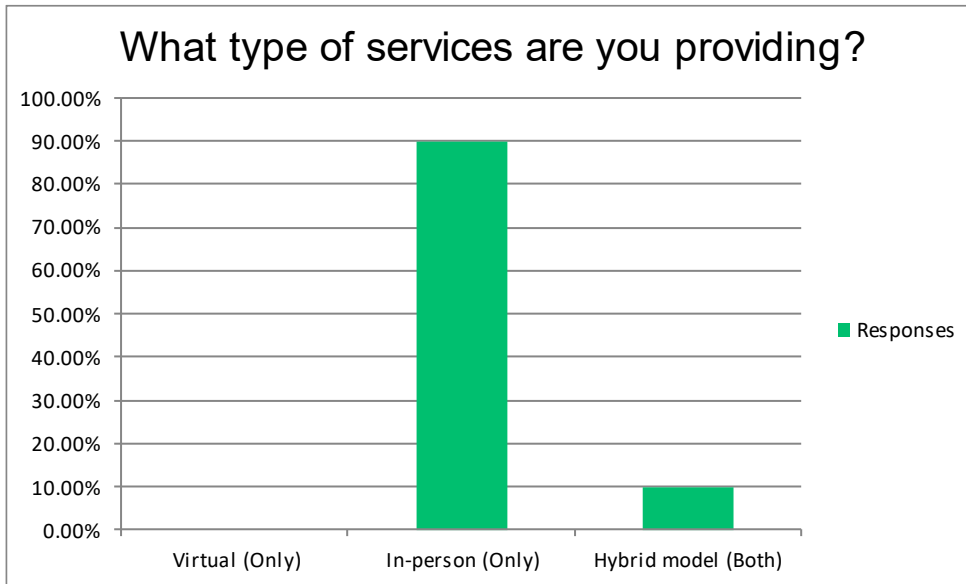
Who Completed the Survey?



Inpatient Rehabilitation Programs







Community Based Rehabilitation Programs

