



CorHealth COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #7

September 29, 2020, 8:00-9:00 am

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

Conference ID: 374757732



Welcome

Sheila Jarvis, CEO, CorHealth Ontario

Agenda

	Description	Purpose	Lead
8:00 am	Welcome System/ CorHealth Updates Meeting Objectives	Information	Sheila Jarvis
8:05 am	Program Activity Sharing – Virtual Care and Exercise Guest Speakers: Sandra Black and Marja-Leena Keast, Physiotherapists, University of Ottawa Heart Institute	Information and Discussion	Dr. Paul Oh Sandra Black Marja-Leena Keast
8:20 am	Exercise Program Survey Findings	Information and Discussion	Karen Harkness Dr. Paul Oh
8:35 am	Describing the Provincial Landscape of Cardiovascular Rehabilitation during the COVID-19 Pandemic <ul style="list-style-type: none"> Exploring information/data needs 	Discussion	Dr. Paul Oh
8:55 am	Next Steps	Information	Karen Harkness

System/ CorHealth Updates

- Dr. Chris Simpson has presented an overview of a new report he and his team have worked on with a focus on **maintaining care** throughout the **phases of the COVID-19 pandemic**

Key messages:

- Maintaining care vs widespread shut down,
- Pivoting/modifying services
- The continuum of care is important
- Regional approach

Meeting Objectives

- To share experiences and facilitate dialogue on the current activities and models of delivery for cardiovascular rehabilitation (including virtual, in-person and hybrid)
- To understand opportunities for additional information gathering to support CR programs during COVID-19



Program Activity Sharing Virtual Care

Dr. Paul Oh

EXERCISE PROGRAMMING DURING COVID-19

Sandra Black and Marja-Leena Keast,
Physiotherapists,
University of Ottawa Heart Institute,
Division of Prevention and Rehabilitation



INTAKE ASSESSMENT:

- At intake, staff and participants discuss CR participation, referrals, and virtual program options
- Staff uses clinical judgement re: determining which program would be best suited for each participant, based on medical history (e.g. the number of co-morbidities/symptoms/CV risk factors), need for specialized exercise prescription and the participants' ability to self-manage and the patient's preference/suitability

VCP (VIRTUAL CARE PROGRAM)

- Comfortable with technology
- Contacts via telephone, email, virtual platform
- Access to virtual platform for health information, uploading wearable data, communication
- Series of contacts focused on providing risk factor education and behaviour change strategies
- Structured program.

6 MONTHS

INTAKE +
10 CONTACTS

ON-SITE

BRIEF

- Independent with managing CV risk factors; including exercise
- Individualized Risk factor profile and exercise guidelines

6 WEEKS

INTAKE +
2 CONTACTS

CASE MANAGED/FRANCOFORME

- Series of contacts focused on providing risk factor education and behavior change strategies
- Contacts via telephone, email, EPIC (zoom - in the future)
- Call frequency 1-2 weeks determined by staff and patient* (see below)

1-2 MONTHS

3 MONTHS

INTAKE +
3-8 CONTACTS

INTAKE +
6-12 CONTACTS

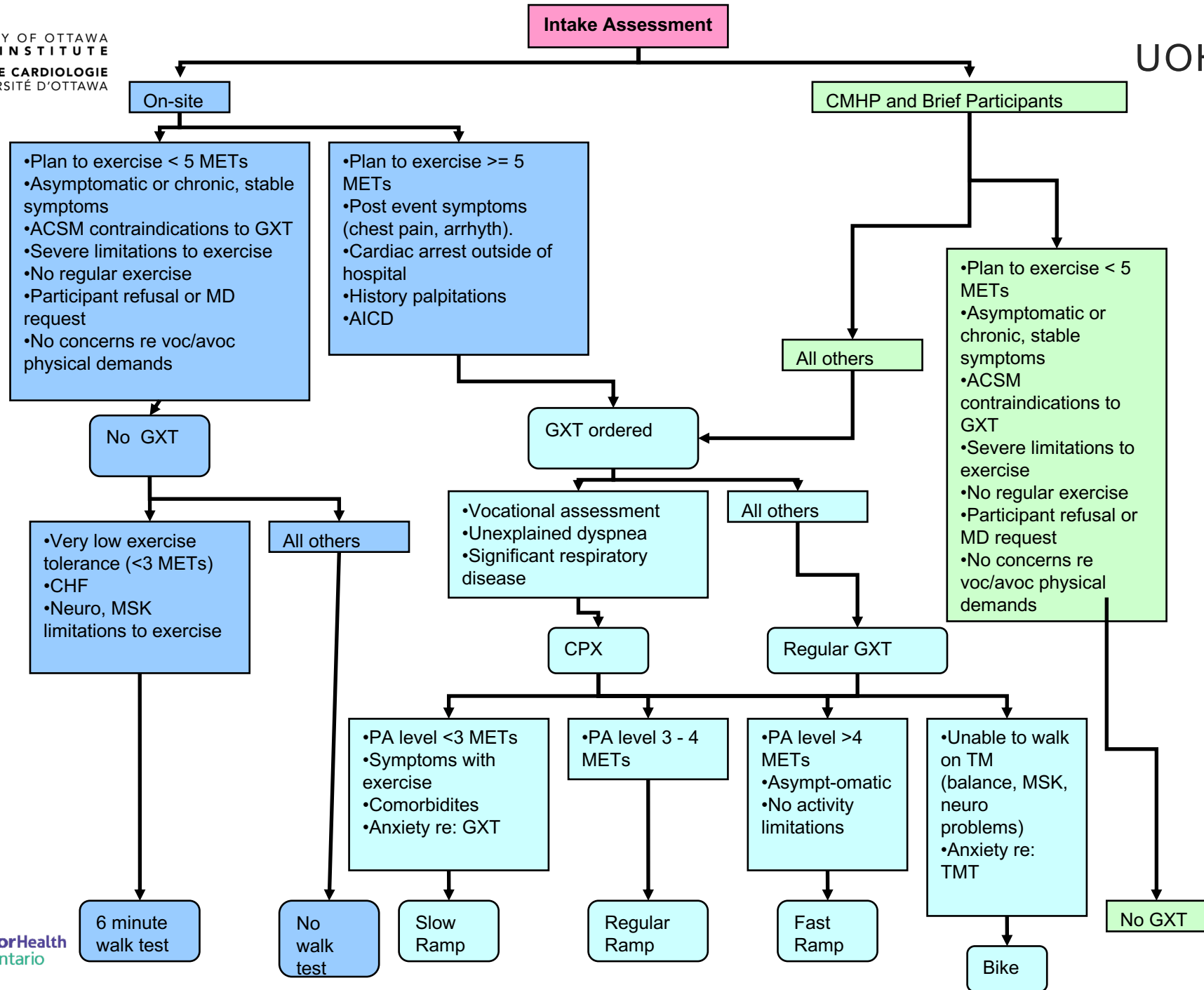
ALL PATIENTS HAVE ACCESS TO:

- Interdisciplinary 1:1 consults prn (social work, dietitian, vocational counselor, psychology)
- MD appointment, exercise assessment (virtual and/or onsite by summer 2020)
- Access to group education and workshops (virtual, Heartwise Webinar series)
- Cardiac Rehab Program Guides online: ottawaheart.ca/patients-visitors/tools-and-resources/cardiac-rehabilitation-guides and Covid Resource page for risk factor guidance: pwc.ottawaheart.ca/covid-19

4 PROGRAM STREAMS:

- CMHP/FRANCOFORME – individual, remote
- VCP – individual, remote
- BRIEF – individual, remote
- HYBRID – onsite group classes + individual virtual support

All patient populations have access to all programs



Canadian Journal of Cardiology 32 (2016) 514–522

Review

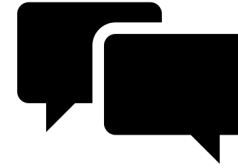
**Practical Approaches to Prescribing Physical Activity and
Monitoring Exercise Intensity**

Jennifer L. Reed, PhD, MEd, CS, and Andrew L. Pipe, CM, MD

Division of Prevention and Rehabilitation, University of Ottawa Heart Institute, Ottawa, Ontario, Canada

LEVEL	DESCRIPTION
20	Maximum
19	Very, very hard
18	
17	Very hard
16	
15	Hard
14	
13	Somewhat hard
12	
11	Fairly light
10	
9	Very light
8	
7	Very, very light
6	

▲ BORG SCALE



▲ TALK TEST



▲ STEP COUNTS



▲ HEART RATE



▲ EXERCISE TEST

	LOW	MODERATE	MODERATE+
ExHR	Rest HR + 20 bpm	Rest HR + 30 bpm	Rest HR + 30-40 bpm (alternating with lower intensity bouts)
RPE	12-13	13-15	14-15
TALK TEST	Can talk with exercise	Can talk with exercise	May not be able to talk comfortably with higher intensity but can talk with lower intensity bouts



Individualized / tailored
Based on response to exercise

Frequency: ↑ or ↓

Intensity: ↑ or ↓ using tools discussed

Time: ↑ or ↓ Can use intervals to add or remove, as needed

Type: poles, incline, terrain, different modes of exercise all can add or reduce intensity as needed

How fast does the Grim Reaper walk?

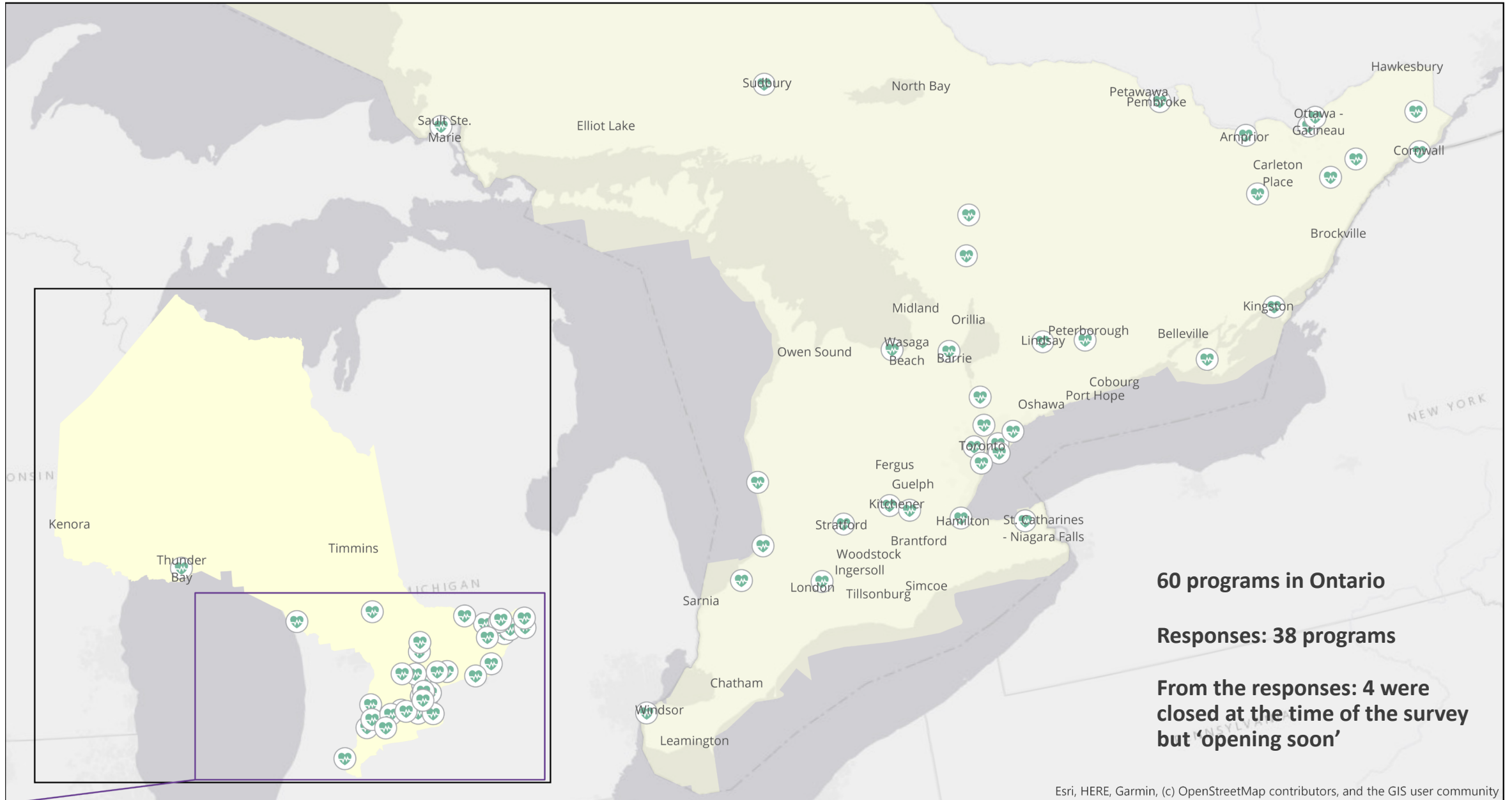
A walking speed of 0.82 m/s (2 mph) was most predictive of mortality. Older men who walked at speeds greater than 0.82 m/s were 1.23 times less likely to encounter Death.



Exercise Program Delivery during COVID-19: Survey Results

Karen Harkness, Dr. Paul Oh

CV Rehab Exercise Program Survey Responders

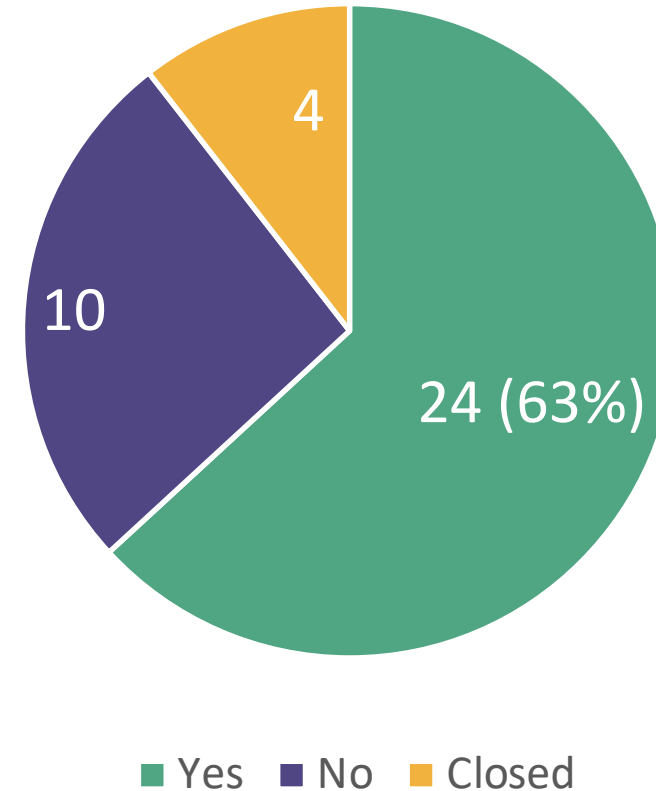


Survey Findings Part 1

Does your program **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? (Yes/No)

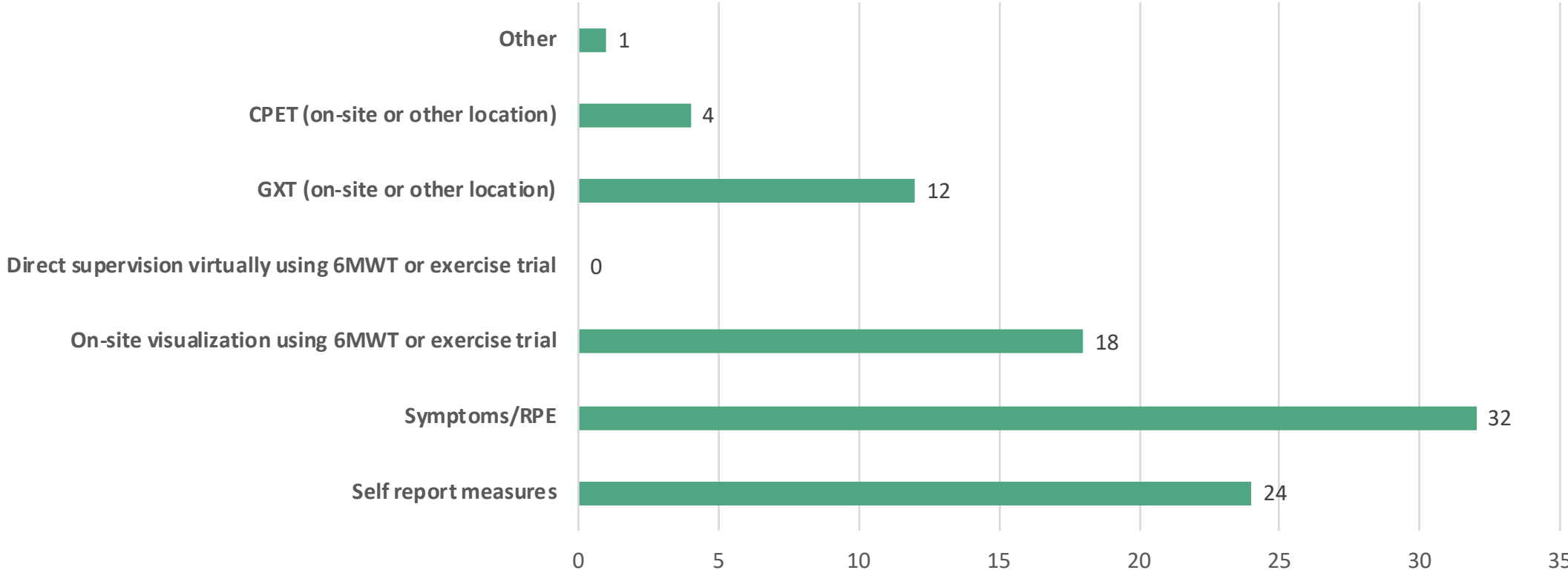
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Visualization of patient exercise



Survey Findings Part 1

Number of CR programs that currently provide the following options to guide initial and/or progression of an exercise program/prescription



Total programs: n=38



Survey Findings Part 2:

On-site exercise supervision

Type of exercise	Yes, individual patient supervision (# programs)	Yes, patient group supervision (# programs)
Aerobic Exercise		
Exercise trial appointment (1 time only)	9	2
Recurring number of sessions as part of hybrid program	2	8
Full on-site program	1	1
Resistance Training		
Exercise trial appointment (1 time only)	6	1
Recurring number of sessions as part of hybrid program	2	4
Full on-site program	1	1

Survey Findings Part 2: Virtual exercise supervision

Type of exercise	Individual patient supervision (# programs)	Yes, patient group supervision (# programs)
Aerobic Exercise	No programs chose this option	
Resistance Training		
Exercise trial appointment (1 time only)	4	1
Recurring number of sessions as part of hybrid program	1	2

Platforms for virtual care:

Zoom

Microsoft Teams

Webex

OTN (1 site)



n=22/24 programs

General themes from survey comments

- 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 - 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 - 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)

Discussion

- For those who have been providing on-site programming, what advice would you give to other programs who are just starting this process?
 - What were the critical success factors?
 - Was there anything that happened that surprised you?
- How are programs planning to modify on-site services if needed (e.g., with the anticipated second wave)?



Describing the Provincial Landscape of Cardiovascular Rehabilitation during the COVID-19 Pandemic

Exploring information/data needs and opportunities

Dr. Paul Oh

Context

- To understand the broader provincial picture, CorHealth embarked on some data collection to support the discussion at today's forum regarding program activity related to real-time exercise supervision and evaluation.
- Objective: To seek input on whether you feel there is a need to collect information from CR programs to support local/ provincial CR planning and delivery of CR through the COVID-19 pandemic.

Discussion

During the COVID-19 pandemic:

- Would the possibility of CR data collection from the provincial landscape be useful for you?
- What information would be beneficial to you?
- What would you do with this information (e.g., support program design, inform local and regional discussions about CR)?

Note- any data collection would be aggregate vs individual patient level information



Next steps

Karen Harkness

Next Steps

- Cardiac Forum- being rebooked to October
- Next COVID-19 CR Stakeholder Forum – Stay tuned!
 - Please send agenda ideas for future CR Forum topics to Karen Harkness karen.harkness@corhealthontario.ca



Thank You!

Programs responding to the Exercise Survey

Alexandria Hospital
Algonquin FHT
Almonte FHT
Arnprior FHT
Cambridge Cardiac Care Centre
Cornwall Seaway Valley FHT
Cottage Country FHT
Georgian Bay FHT
Goderich
Grand Bend and Area CHC
Group Health Center
Hamilton Health Sciences
Health Sciences North
Hôtel-Dieu Grace Healthcare

Kemptville District Hospital
Kingston Health Sciences Centre
London Health Sciences Centre
MacKenzie Health
Montfort Hospital
Niagara Health Services
North Lampton Cardiac Rehab Center
Pembroke Regional Hospital
Peterborough Regional Health Centre
Prince Edward FHT
Ross Memorial Hospital
Royal Vic Hospital

Scarborough Health Network
Southlake Regional Health Centre
St. Mary's Hospital, Kitchener
Stratford FHT
Thunder Bay Regional Health Sciences Centre
Trillium Health Partners
UHN-Toronto Rehab
Unity Health
UOHI
William Osler Health Centre
Winchester District Memorial Hospital
Women's College

Programs that did not respond to the exercise survey (n=23 programs)

Program	Location
Physio North	Bancroft
Centre de sante communautaire de l'Estrie	Bourget
Brantford CR Health-Brantford General Hospital	Brantford
Cardiac Fitness Association	Breslau
Brock University Heart Strong Cardiac Rehabilitation	Brock University
Healthy Hearts YMCA Cardiac Rehab Program - Ron Edwards	Burlington
Espanola General Hospital	Espanola
Lennox and Addington County General Hospital	Napanee
Cardiac Rehab Program	Hanover
Hawkesbury and District General Hospital	Hawkesbury
Oxford County Cardiac Rehabilitation and Secondary Prevention, Alexandra Hospital	Ingersoll
Hardy Hearts - Waterloo Regional Cardiac Rehab. Foundation	Kitchener
Milton District Hosp Cardiac Rehab Prog - Heart Function Clinic	Milton
Cor Maximus Cardiac Rehabilitation*	North Bay

Halton Healthcare Services- Oakville Trafalgar Memorial Hospital	Oakville
Cardiac Rehabilitation Program Orillia Soldiers' Memorial Hospital	Orillia
Grey Bruce Cardiac Rehab & Sec Prev	Owen Sound
West Parry Sound Health Centre	Parry Sound
Kawartha Cardiology	Peterborough
Carefirst - Community Cardiovascular Prevention and Rehabilitation Program	Richmond Hill
Carefirst - Community Cardiovascular Prevention and Rehabilitation Program	Scarborough
Wilson Memorial General Hospital	Sudbury
Rehab Plus Rehabilitation and Fitness Centre	Timmins