



# CorHealth COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #8

November 17, 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	<b>Welcome</b> System/ CorHealth Updates Meeting Objectives	Information	Sheila Jarvis
8:10 am	<b>Outpatient CR Measurement in Ontario: Exploring Opportunities</b>	Information and Discussion	Graham Woodward Dr. Paul Oh
8:30 am	<b>Virtual Care: Heart and Stroke COVID-19 Impact Survey</b>	Information	Natalie Gierman
8:40 am	<b>Program Activity Sharing: Virtual Care</b> Guest Speaker: Dr. Neville Suskin St. Joseph's Health Care Cardiac Rehabilitation, London	Information and Discussion	Dr. Paul Oh Dr. Neville Suskin
8:55 am	<b>Next Steps</b>	Information	Karen Harkness

# CorHealth – Ontario Health Update

- Ministry of Health (MOH) is assessing the possible transfer of CorHealth Ontario into Ontario Health (OH)
- MOH posted a notice about the potential transfer on Ontario's Regulatory Registry on November 2<sup>nd</sup> for public comment, which closed on November 16<sup>th</sup>
- There is an indication that the earliest this potential transfer would take place is September 2021 but the timing is still being determined
- Sheila Jarvis & Matt Anderson (President & CEO, OH) will be co-leading the transition process
- CorHealth has created an internal planning transition team and will be working closely with OH and MOH throughout the process

# CorHealth – Ontario Health Update

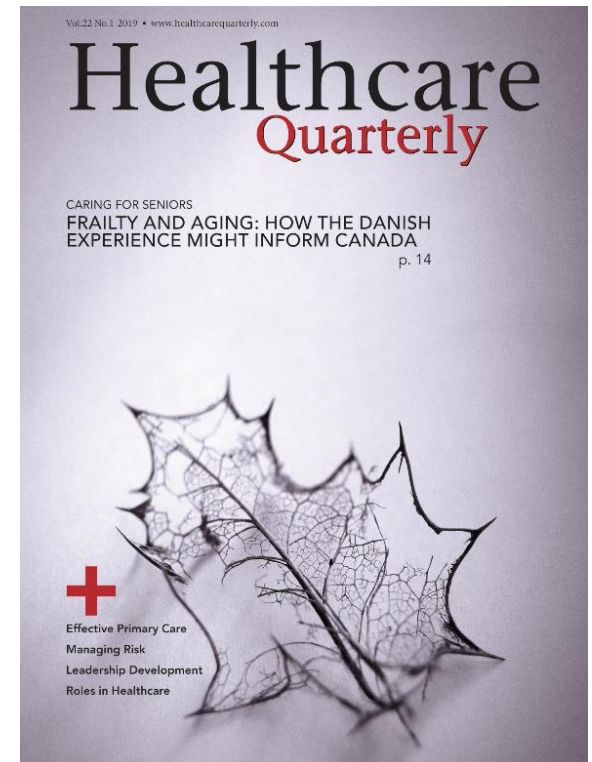
- Key Guiding Principles
  - We ensure the **quality and integrity of the CorHealth’s deliverables will be maintained and enhanced** and that there are no negative impact to patient services
  - We commit that that the **transition process will be a collaborative** effort
  - We commit to **honest and transparent communication** with and between CorHealth, Ontario Health, Ministry of Health, partners, and stakeholders
  - We maintain our **ability to support our stakeholders’ in the delivery cardiac, stroke, and vascular care**, including COVID-19 pressures
  - We ensure there is **no current impact to staff**

# CorHealth COVID-19 Forum Survey Highlights

- 82 unique responses with representation from Cardiac, Cardiovascular Rehabilitation, Heart Failure, Stroke, and Vascular Forum Participants
- Majority of the respondents indicate:
  - The information shared through these Forums is useful to inform decision-making (90%)
  - CorHealth should continue to host Forums during the second wave of COVID-19 (91%)
  - CorHealth should expand the focus of Forum-type meetings to include provincial content beyond COVID-19 (79%)
  - Future meetings should take place monthly (63%)
- Examples of open text comments:
  - Focus discussion on planning across regions to support provincial messaging regarding gaps and plans to inform sustaining services within regions and provincially
  - Discussions should support provincial-level strategies to address the pressure points of wait times
  - Focus on COVID-19 while the province is still navigating the pandemic
  - Align frequency of Forums to need for discussion

# Healthcare Quarterly

- Longwoods Publishing has accepted a manuscript we submitted for publication in Healthcare Quarterly
- The article will be published in Healthcare Quarterly in January 2021
- It focuses on our crowdsourcing approach to health policy with the provider community during a crisis
- *Note about Healthcare Quarterly: Its objective is to document and disseminate leading practices in health service delivery and policy development. <https://www.longwoods.com/publications/healthcare-quarterly>*



# Meeting Objectives

- To propose and discuss a progressive approach to measure, monitor, and report on the status of outpatient Cardiovascular Rehabilitation in Ontario
- To share results from the Heart and Stroke Foundation's COVID-19 Impact Survey
- To share experiences and facilitate dialogue on the current activities and models of delivery for cardiovascular rehabilitation (including virtual, in-person and hybrid)





# Outpatient CR Measurement in Ontario: Exploring Opportunities

**Graham Woodward, Senior VP, CorHealth Ontario**  
**Dr. Paul Oh**

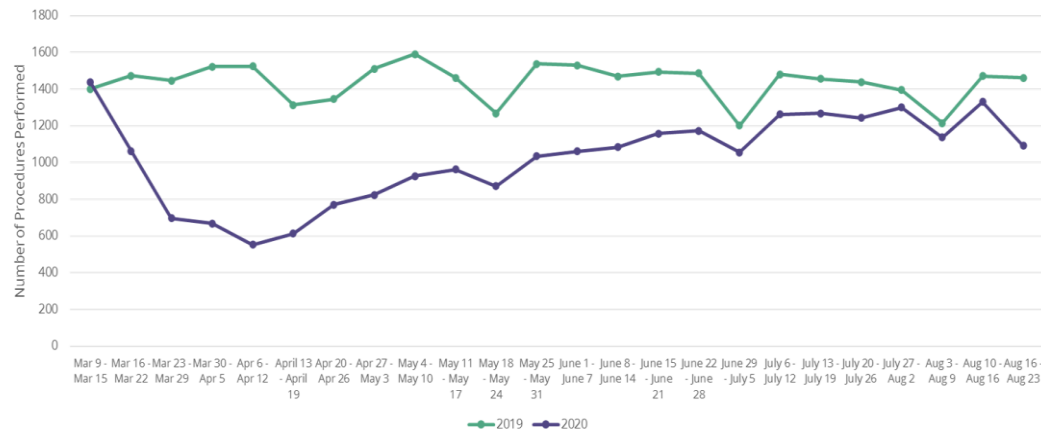
# Objectives

- To discuss an incremental approach to sustainable regular data collection to support planning, system monitoring and performance measurement for CR in Ontario

# Background

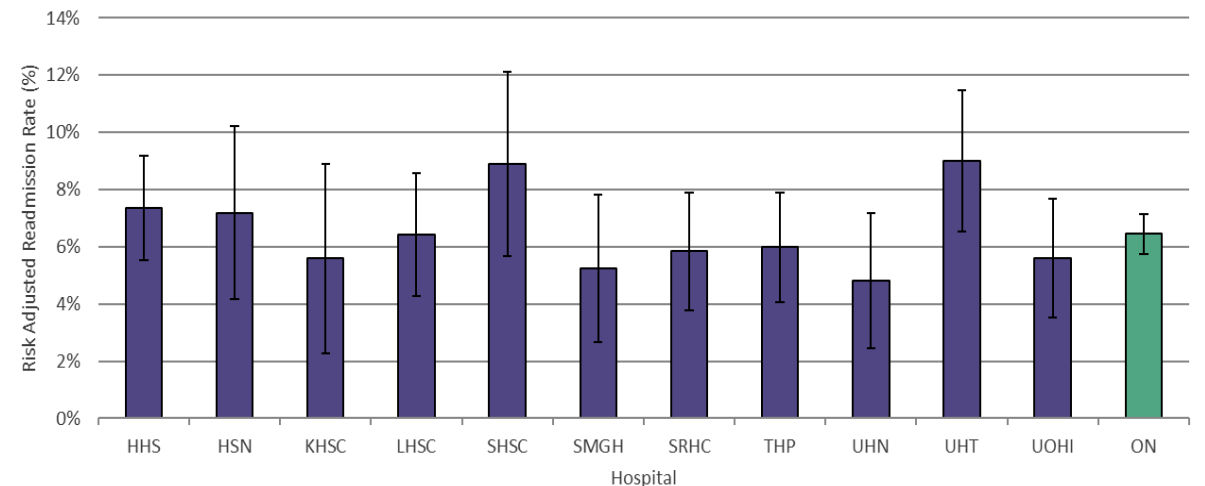
- COVID-19 has further highlighted existing CR data gaps
- Consistent/reliable data to show the impact of COVID-19 on CR is not currently available as compared to the measurement, reporting and monitoring of the impact of COVID-19 on cardiac procedures/surgeries

**Comparison of Current Provincial CATH Activity From This Year to Last Year**



Data are from the CorHealth Cardiac Registry; Data includes CATHs which were part of SSPCIs.

**1-Year Risk-Adjusted Cardiac Specific Readmission Rate Following Isolated CABG Surgery (FY 2017/18)**



# How CorHealth Uses Data to Inform Our Work

## CorHealth reports are aimed at several audiences:

- Ministry of Health (MOH)
- Local Health Integration Networks (LHINs) – now Ontario Health Regions
- Health Care Providers – Clinicians and Administrators

REPORTS/ACTIVITIES			
PLANNING	PERFORMANCE	WAIT TIMES	FUNDING POLICY
<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Endovascular Thrombectomy (EVT)</li> <li>• Minimally Invasive Structural Heart (TAVI, TMVI, LAA)</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Hospital:               <ul style="list-style-type: none"> <li>– <b>Annual</b> – e.g., Consolidated Cardiac &amp; Vascular Outcomes Reports</li> <li>– <b>Monthly</b> – e.g., utilization &amp; wait times for cardiac procedures</li> </ul> </li> <li>• Cardiac Quality Performance Measurement and Monitoring (QPMM) Scorecard - CATH &amp; STEMI</li> <li>• Stroke Rehab</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic Cardiac Catheterization (CATH)</li> <li>• Percutaneous Coronary Intervention (PCI)</li> <li>• Coronary Artery Bypass Graft (CABG)</li> </ul>	<p><b>Examples:</b></p> <ul style="list-style-type: none"> <li>• Transcatheter Aortic Valve Implantation (TAVI) Volume Planning</li> <li>• Endovascular Thrombectomy (EVT) Volume Planning</li> <li>• Cardiac Volume Planning Methodology</li> </ul>

# Proposed Data Collection for Outpatient CR in Ontario

## Initial Steps for an Incremental Approach

- Past meetings have confirmed the need for regular reliable and comparable data regarding CR activity in Ontario, prior to, during and post COVID
- Past meetings have also reiterated challenges regarding CR data collection, such as limited resourcing and information standardization
- A task group met on Oct 27<sup>th</sup> and Nov 3<sup>rd</sup> to help identify the ***critical pieces of information and possible survey questions***

**Note:** *The full picture of CR involves both inpatient and outpatient programming. As a start, this work would focus on outpatient CR.*

# Areas of Interest

## *Service Delivery*

Area of Interest	Potential Question(s)	Response
<b>Current Program Capacity</b> (Demand)	<ul style="list-style-type: none"> <li>How many referrals have you received over the past month (<u>xx</u> to <u>xx</u> dates)</li> <li><i>*need to be collect regularly</i></li> <li><i>historical data for comparison pre-COVID</i></li> </ul>	Number
<b>Current Program Capacity</b> (Participation)	<ul style="list-style-type: none"> <li>How many intakes have you completed over the past month (<u>xx</u> to <u>xx</u> dates)</li> <li><i>*need to be collect regularly</i></li> <li><i>historical data for comparison pre-COVID</i></li> </ul>	Number
<b>Hot Topic Item – Rotating Basis</b>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	TBD

# Areas of Interest

## *Broader Referral Questions*

Area of Interest	Potential Question(s)	Response
<b>Referrals Linked to Procedures</b>	<ul style="list-style-type: none"> <li>For the past year, please indicate the number of new referrals your program received each month from hospitals for patients who underwent specific cardiac procedures?</li> </ul>	Number
<b>Referring Hospital</b>	<ul style="list-style-type: none"> <li>Please identify hospitals that typically refer patients to your institution, please select all that apply from the following list:               <ul style="list-style-type: none"> <li><i>Drop down of all 20 Cardiac Programs</i></li> </ul> </li> </ul>	Selection from drop down menu

# Discussion

- Do you see value in developing a provincial strategy for a staged approach to CR data collection to support planning, performance measurement, reporting, and monitoring?
- Would our proposed incremental approach result in data and information that is of value to CR providers?
- Are there key areas of initial data collection that we have missed or should reconsider?



# Next Steps

- CorHealth will continue to work with the task group and CR stakeholders to draft and test an initial data collection instrument based on key areas of interest
- Continued incremental development of data collection and reporting in consultation with CR forum participants and stakeholders in the New Year
- Continued engagement with the Rehabilitative Care Alliance (RCA) to ensure we build on and align with previous work



# Virtual Care: Heart & Stroke COVID-19 Impact Survey

**Ms. Natalie Gierman, Senior Manager, Health Systems & Research,  
Heart & Stroke**



# Program Activity Sharing: Virtual Care

**Dr. Paul Oh**



# St. Joseph's Health Care Cardiac Rehabilitation, London

**Dr. Neville Suskin**

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# ST. JOSEPH'S HEALTH CARE CARDIAC REHABILITATION -COVID-19-

CorHealth CR Update  
Nov 17, 2020

# SJHC CRSP – Hybrid CR (pre COVID)

- Multidisciplinary team-based care at SJHC delivered care in-person and via telephone
- Cardiopulmonary stress tests (CPETs) for all intake and exit patients at SJHC
- Exercise training done in group settings delivered by our exercise trainers at YMCA downtown London
- Home-based option for those unable to attend group exercise

# SJHC VIRTUAL CR - COVID -



## Referral

LHSC - Cardiac Care Program (cardiology and cardiac surgery) - electronic referral to CRSP program.



## Orientation

Webex appointment: patient group with facilitation by inter-disciplinary team members (RN/NP; RD; Rehab trainer).



Clinical team:  
MD, NP, RN  
Rehab trainer  
Dietitian  
Social worker  
Psychologist

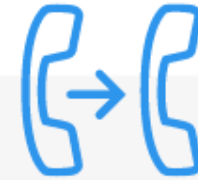
## CRSP Programming

12-week group education series (Webex sessions): facilitated by inter-disciplinary team members  
1:1 risk factor modification/behaviour change interventions (phone calls, email): emphasis on medications, exercise, nutrition and mental health.



## Medical Intake

OTN appointment: patient/RN or NP/MD  
Components: demographics; personal information form; patient concerns; medical/family Hx; substance use/smoking status; intro to program; hospital bloodwork; BPMH; PHQ-4; triage to 1:1 mental health and RD services; exercise and physical activity habits; walking guidelines; cardiac college website; plan of care; adjust meds; goal-setting.



## Connecting

1:1 phone call: patient/rehab trainer  
Enroll patient in education series; initiate self-reported PA and exercise data collection (exercise diary/app); set exercise coaching call schedule (bi-weekly, 3 months; monthly, final 3 months); address any safety issues/concerns.

**SJHC CRSP  
COVID**




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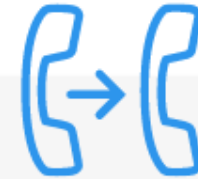
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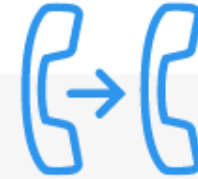
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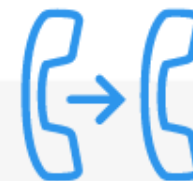
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EXIT  
CPET ←

## Full Virtual Capability ●



Book OTN intake appt. into cardiologica and cerner;  
Email intake letter, link to cardiac college, walking guidelines and consent form;  
Email OTN appointment

**INTAKE**  
*(attend by video or phone)*

Email Webex invite to Orientation session  
Email Orientation slides (notes page version), workbook, exercise diary, food record

**ORIENTATION**  
*(attend by video)*

Email initial H/B phone call appt. within 48 hours following Orientation

**Initial H/B Phone Call**  
*(enroll in education series; email schedule)*

Email Webex invite (recurring appts.) to education series;  
Email full series of education slide decks (notes page version)

## Phone and Email Capability ●



Book OTN intake appt. into cardiologica and cerner;  
Email intake letter, link to cardiac college, walking guidelines and consent form

**INTAKE**  
*(attend by phone)*

Email Webex invite to Orientation session  
Email Orientation slides (notes page version), workbook, exercise diary, food record

**ORIENTATION**  
*(patient to call in; integrate with video attenders)*

Email initial H/B phone call appt. within 48 hours following Orientation

**Initial H/B Phone Call**  
*(enroll in education series; email schedule)*

Email Webex invite (recurring appts.) to education series;  
Email full series of education slide decks (notes page version)

## Phone Only Capability ●



Call patient to schedule phone intake appt.;  
Book intake appt. into cardiologica and cerner;  
Mail intake letter, link to cardiac college, walking guidelines and consent form

**INTAKE**  
*(attend by phone)*

Call patient to book Orientation session  
Mail out Orientation slides (notes page version), workbook, exercise diary, food record

**ORIENTATION (**  
*(facilitator to call out; integrate with video joiners)*

Call patient within 48 hours following Orientation to schedule initial H/B phone call appt.

**Initial H/B Phone Call**  
*(enroll in education series; mail out schedule )*

Patient relies on paper copy of education series schedule  
Mail full series of education slide decks (notes page version)

## Special Barrier(s) to Care ●



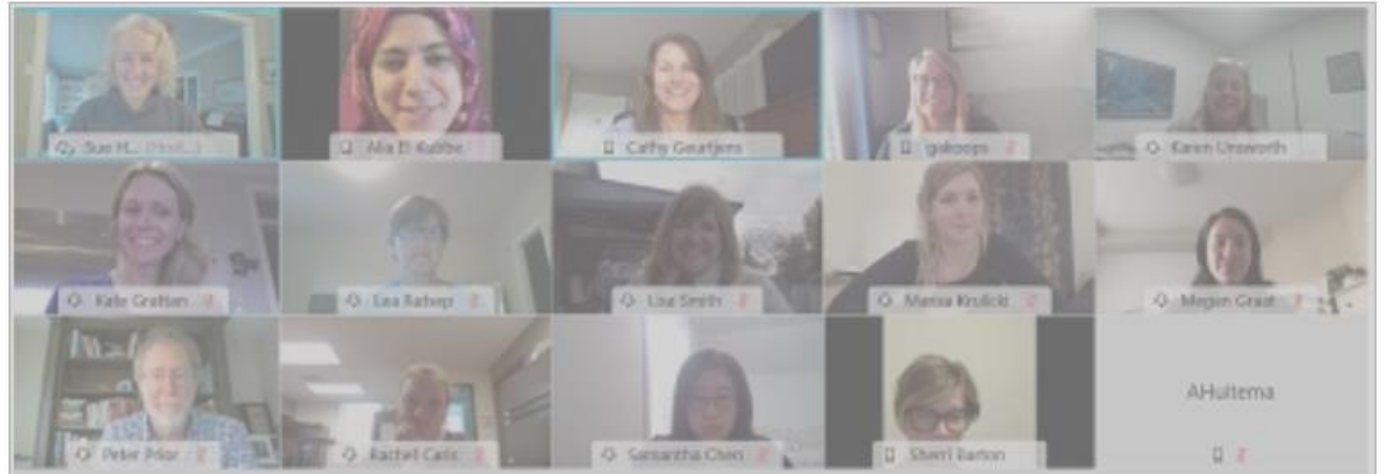
Call patient to schedule phone intake appt. or arrange onsite visit;  
Book intake appt. into cardiologica and cerner;  
Mail intake letter, link to cardiac college, walking guidelines and consent form

**INTAKE**  
*(attend by phone or in-person; arrange supports)*

Proceed to 1:1 RD and 1:1 ReT appointment.  
Continue with 1:1 interdisciplinary intervention as required with appropriate supports.

# SJHC CRSP Team

- Thank you
- Questions?
- [SJHC CR](#)
- [SJHC Virtual CR](#)



# Discussion

- Have any programs had to modify or pivot from on-site services in response to the 'second wave 'of COVID-19?
- Over the next Forums, what specific topics would you like to see included?



# Next Steps

**Karen Harkness, Dr. Paul Oh**

# Summary

- CR Measurement and Reporting
  - CorHealth will continue to gather information from provincial partners and stakeholders to inform this work
- Next COVID-19 CR Stakeholder Forum – Stay tuned!
  - Please send agenda ideas for future CR Forum topics to Karen Harkness [karen.harkness@corhealthontario.ca](mailto:karen.harkness@corhealthontario.ca)



# Virtual care resources-recap

**University Health Network:** <https://www.healtheuniversity.ca/en/cardiaccollege>

**University of Ottawa Heart Institute:** <http://heartwise.ottawaheart.ca/>

**Central East Cardiovascular Rehab Program:** <https://gethearthealthy.ca/patient-education/>

**Heart and Stroke Foundation: Virtual care checklist for patients:**

<https://heartstrokeprod.azureedge.net/-/media/1-stroke-best-practices/resources/patient-resources/csbp-infographic-virtual-healthcare-checklist.ashx?rev=4bdc5e8c2beb45af9af5e926dd6d0525>

Heart and Stroke Foundation: Canadian Stroke Best Practice Recommendations for Virtual Healthcare (Telestroke) Implementation Toolkit . <https://www.heartandstroke.ca/-/media/1-stroke-best-practices/csbpr7-virtualcaretools-13may2020.ashx?rev=c8154971a5b842298b50e8c128926884>

**[The Toronto Rehab Telerehabilitation Toolkit for Outpatient Rehabilitation Programs.](#)**



**CorHealth  
Ontario**

*Advancing cardiac, stroke  
and vascular care*

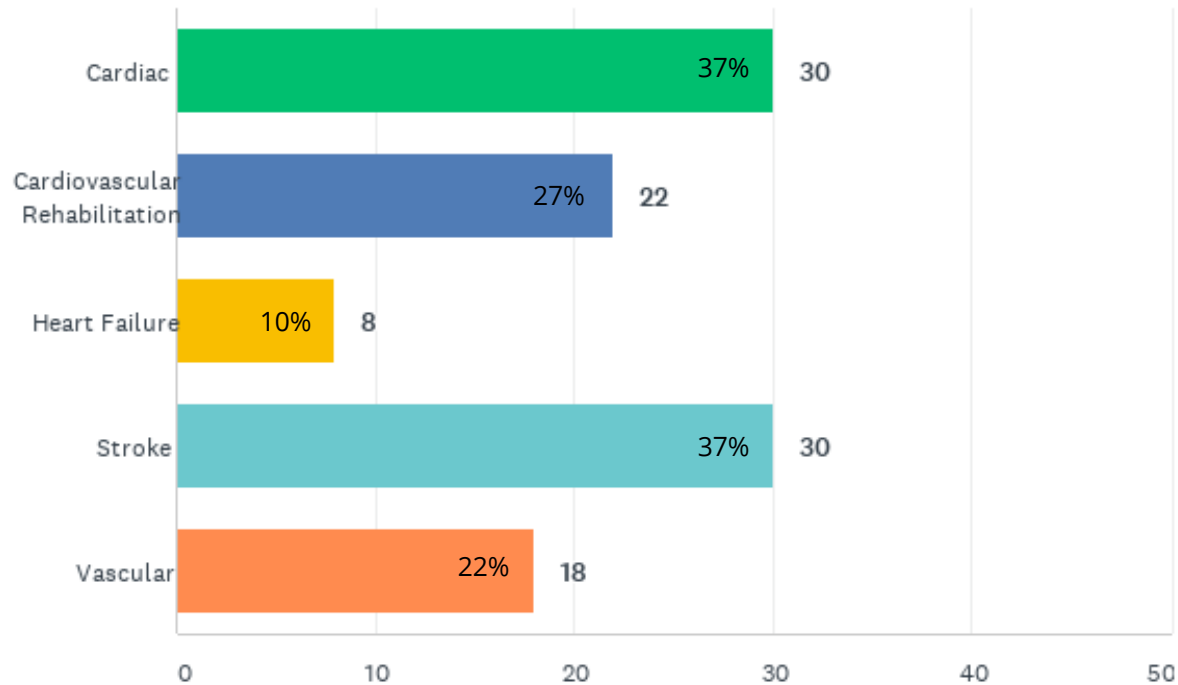
**Thank You!**



# APPENDIX: CorHealth COVID-19 Stakeholder Forum Survey

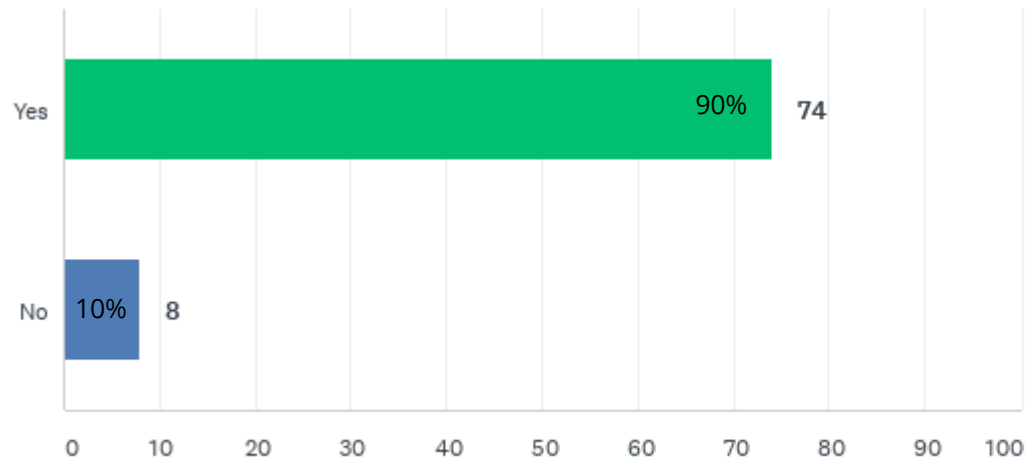
Results from survey conducted October 7 – 16, 2020

# Q1: Please indicate which Forum(s) you have participated in (choose all that apply):



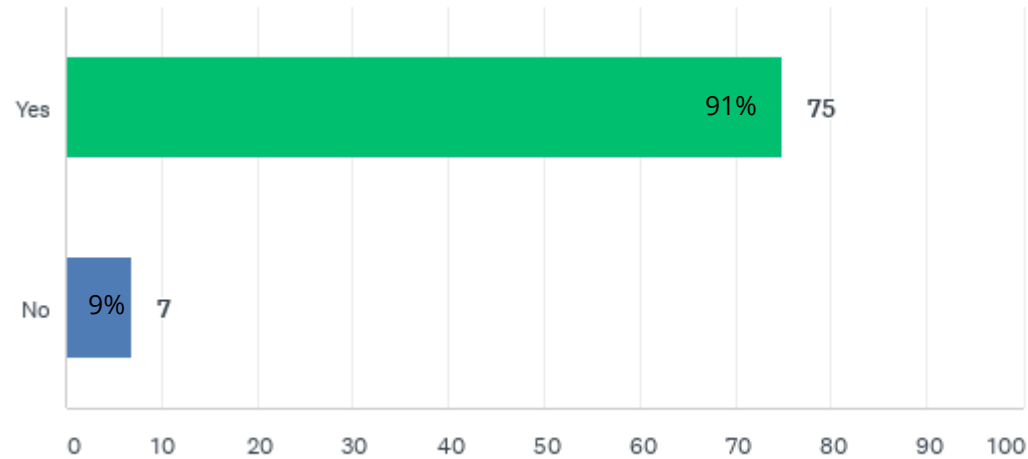
- **Total # of respondents: 82** (noting that there are 108 “participants” represented as respondents could choose all applicable options)
- **Highest representation from Cardiac and Stroke Forums**

## Q2: Do you find the information shared through these Forums useful to inform decision-making?



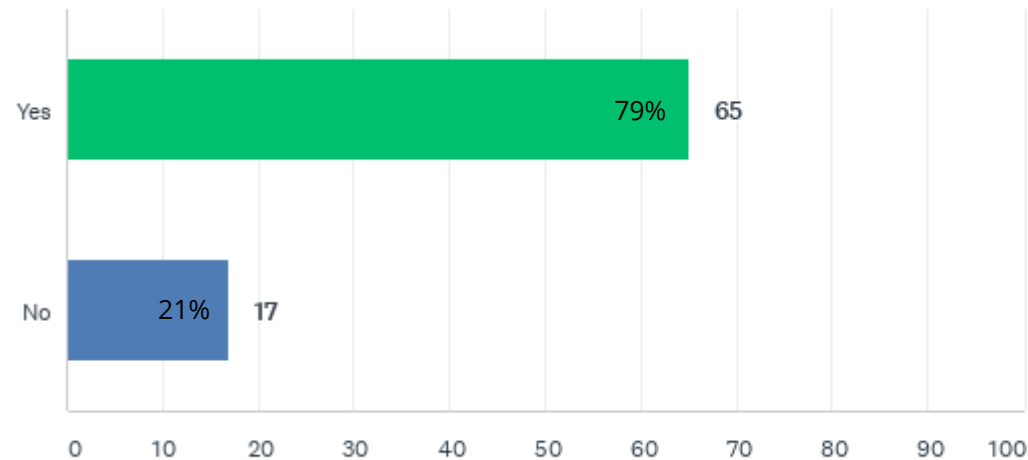
- **90% of respondents find the information shared through these Forums useful to inform decision-making**

### Q3: Should CorHealth continue to host Forums during the second wave of COVID-19?



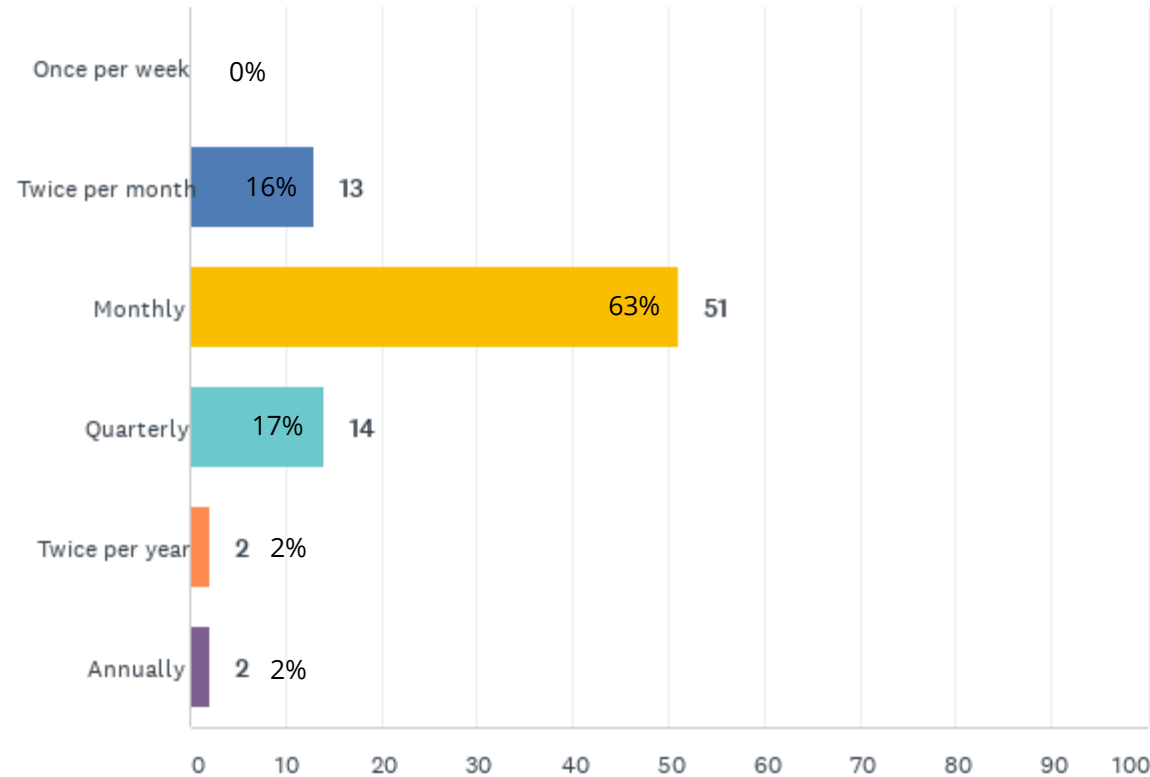
- **91% of respondents indicate CorHealth should continue to host Forums during the second wave of COVID-19**

## Q4: Should CorHealth expand the focus of Forum-type meetings to include provincial content beyond COVID-19?



- **79% of respondents indicate CorHealth should expand the focus of Forum-type meetings to include provincial content beyond COVID-19**

# Q5: How frequently do you think future meetings should take place (choose one)?



- **63% of respondents think future meetings should take place monthly**



# Additional Comments – Content (verbatim)

- These meetings were **helpful in the beginning to identify priorities**, however, the **subsequent meetings have focused on hearing experiences from other programs and it hasn't been as useful to inform decision making**. If these meetings continue, it would be helpful to have a **focused discussion on planning across regions to support provincial messaging regarding gaps and plans to inform sustaining specialized stroke services** within regions and provincially.
- The **regular meetings were helpful at the beginning of the pandemic as a way to share information** and seek resources. They are no longer relevant to the acute side. I also find that **they don't provide any formal recommendations that are endorsed anywhere**, they are simply FYIs with info we already know. However, **the attachment that has the volumes, wait times, and mortality info continues to be very relevant and helpful**. I would be happy to participate if we discussed the pressure points of wait times and strategies we would recommend to address at a provincial level. The "Toronto" lens only is not helpful to the rest of the province. Thank you.
- Should issues that arise require more frequent meeting than 1x/month then special meetings/forums could be called. **There may be opportunity to strengthen our voice by partnering with vascular or cardiac groups depending on the topic or issue that is concerning and required communication and address**. We should also be ensuring that the **full spectrum of care is included**- the awareness of the need to ensure that rehabilitation remains open and viable is a key learning from the first wave of COVID. We need to ensure that the community and LTC populations are also recognized and included. Thank you for your efforts to keep communication open and keeping current information and our ability to be informed reciprocal and enabling better informed decision making
- **Recommend focusing on Covid 19 while it is a priority**. would be nice to have the forums continue post covid and focus on provincial content beyond Covid. Quarterly meetings should be enough with an option to add additional meetings when needed.
- Content is repetitive at times.
- Focus on the delivery of "out-patient" vascular care with appropriate hospital funding.

# Additional Comments – Frequency/Timing (verbatim) 1/2

- Question 4 - not sure the scope of "provincial content beyond COVID-19", but would be interested in hearing about other barriers and enablers, etc. Question 5 - my answer is it depends. **If COVID-19 wave future is heavy, weekly to biweekly meetings are relevant, but if things are status quo and running well monthly to quarterly may be most appropriate.**
- I don't think we need these monthly now - COVID is not new and we are all busy with care delivery systems in our regions. **Quarterly or even every two months would work.** It would be good to know more about the virtual care work as it relates directly to our response to COVID. Thank you.
- The **time frame could be decreased as Covid winds down**, or as information to share becomes less.
- can you **vary the times** or do early or late meetings? Working hours are incredibly overbooked with clinical work and local meetings
- q 2-4 weeks. other provinces approaches. impact of COVID on non covid disease

# Additional Comments – Frequency/Timing (verbatim) 2/2

- With the daylight savings time and the location I live (which does not change time during daylight savings) the times for upcoming winter months will be more better for attendance
- Certainly **during the second wave of COVID 19 it makes sense to have the forums more recently** *[frequently?]* but if there are other stroke provincial forums it would make sense to have quarterly based on identified provincial topics.
- **Increase frequency if the situation demands it.**
- **Frequency can be altered to correspond with need** and changes with pandemic
- Monthly or quarterly depending on if pertinent content to share

# Additional Comments – General (verbatim)

- If you are not part of the forum please send out meeting minutes or copies of the presentation to all stakeholders.
- Our program has really enjoyed the support from these forums and have been able to transfer some of the knowledge into practice!
- Overall the meetings were very informative and timely despite the rapidly moving landscape. The virtual format offers many advantages as well as opportunities to expand the audience.
- I feel like the leadership council has been on hold since the pandemic and maybe that work should begin again now.
- sharing of program pearls during and beyond COVID
- Great work!
- Great learning opportunity, reassuring to know we are all in the same boat!
- Though I can't always make every forum...I find them very informative, educational and beneficial to my role in healthcare.
- Thank you for your leadership!
- Thank you for hosting these Forum Meetings. The discussion during the meetings has been helpful along with the Memorandum's that have been developed to assist to ensure services are in place etc.