



CorHealth COVID-19 Cardiovascular Rehabilitation Stakeholder Forum #5

July 21, 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	Lead	Time
1. Welcome <ul style="list-style-type: none"> Meeting Objectives System/ CorHealth Updates 	Sheila Jarvis	8:00am
2. Virtual Care and Cardiovascular Rehabilitation <p>Current Program Activity Sharing</p> <ul style="list-style-type: none"> Seaway Valley CHC Hôtel-Dieu Grace Healthcare UHN- Planning for on-site walk through <p>Facilitated discussion</p> <ul style="list-style-type: none"> Innovations and activities to support virtual, onsite or hybrid delivery of CR core components <p>Upcoming learning opportunities for patients and providers</p> <ul style="list-style-type: none"> University of Ottawa Heart Institute Other events 	Dr. Paul Oh Leslie-Anne McDonald/ Julie Lessard Jason Petro Nicole Sandison/Dr. Paul Oh Dr. Paul Oh Jennifer Harris Karen Harkness	8:05 8:10 8:15 8:20 8:30 8:45
3. Next Steps <ul style="list-style-type: none"> August forum agenda items 	Karen Harkness/Dr. Paul Oh	8:50

System/ CorHealth Updates

Meetings with Dr. Chris Simpson will be reinstated this week to discuss gradual ramp up/ramp down activities as COVID-19 progresses.

Meeting Objectives

- To provide information on key CorHealth and System updates
- To facilitate dialogue and share experiences on the current activities and models of delivery for cardiovascular rehabilitation (including virtual, in person and hybrid models)
- Share upcoming educational/learning opportunities for patients and providers

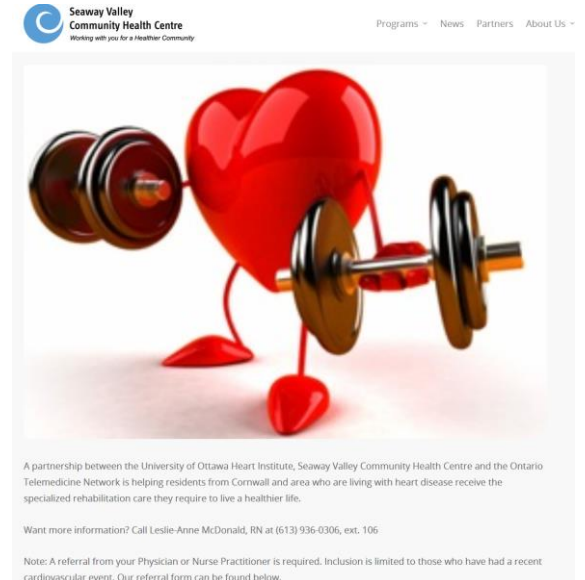


Program sharing

Virtual and In-Person Activities/ Services

Leslie-Anne McDonald and Julie Lessard

Seaway Valley Community Health Centre



March 16th-stopped seeing clients, used the first 3 days to rearrange the schedule, cancel all appointments, and call new referrals to check in, and give an update and appointment date for a phone call to discuss actions moving forward.

Month of March until June 2020

- Existing clients (from cancelled appointment list, new referrals, assessments done over the phone, and some home visits.
- Email and or mailed clients information and links to UOHI, Cardiac College, and COVID websites
- Aid people in need with groceries, assistance with social work or resources for financial aid, and or community services as well as conducted full assessments on the telephone.
- Teaching regarding COVID19, setting exercise goals with clients, encouraging to use devices such as BP/HR machine and exercise tracking devices such as a fitbit, logging exercise, and reviewing resources sent via email or mail.

July 6... triage clients for in-person visit

2 resources to guide our triage process (attached to the meeting invite)

Source: Tristan Etcheverry, BSc. Kin, CRE, CCEP, Saskatchewan Health Authority

- a) Saskatoon Risk Stratification Adapted from AHA) also provides a tool to determine workload and low or high-risk clients
- b) Return to Program- Triage Tool

Return to Program - Saskatoon Triage Tool												
										source:	Tristan Etcheverry, BSc. Kin, CRE, CCEP	
Program:										Senior Exercise Therapist, Chronic Disease Management		
Staff:										Saskatchewan Health Authority		
Last Name	First Name	CVD Risk	MRC	BG Control	Staff Workload	Exercise Capacity	Mobility	Specialized Equipment	SCORE	Plan to resume ASAP	Comments	Staff Initials
									0			
									0			

Assessment #1- by phone

Assessment #1 by phone- triage accordingly as per phone assessment.

Original assessment:

- Risk assessment of social and family Hx,
- Patient Risk Profile (assessment of lipids, BP, BMI (if possible), smoking and exercise Hx;
- PHQ-4 (with PHQ-9 and GAD-7);
- HbA1c, BS and nutrition assessment (if necessary);
- DASl;
- Risk Stratification score to develop plan for client goals.

Assessment #2- in person

Assessment #2: If in person is required. (1-2 weeks post stent, 6-8 weeks post CABG) at SVCHC would include:

- Measurements of BP, HR, WC, WT and HT,
- Assessment: chest assessment, edema and wound assessment,
- 2nd medication review,
- Exercise on machine and cardiac response to exercise,
- Education,
- Developing mutually set client goals,
- Assessing risk to determine frequency of appointments. Resources given to determine exercise level with home exercise log and ExRx.



HÔTEL-DIEU GRACE

ESTD HEALTHCARE 1888

Redeployment

- **Mar 13-Closure of all outpatient programming**
- **Kins, RD, NP redeployed to inpatient or other programs. SW (LOA)**
- **Mar 17-Closure of GXTs at Acute hospital**



Reopening

- **April 20th-phone check-ins with patients by a couple Kins**
- **May 4th- 1 to 1 Orientations by phone**
- **June 1st-Physicians began phone intakes on new patients without GXTs**
- **Phone Exercise Assessments with home Exercise program**
- **RD phone follow-ups**



Reopening

- **June 29th-Resume GXTs with added time**
- **110 patients in June needing a initial GXT**
- **36 (March) 49 (April) patients needing a discharge GXT**
- **July 6th-Resume small group exercise in person**
- **Capacity for 25-30 patients per exercise class**
- **Exercise class limited to 5 patients per class**



Current Virtual Services

- **Orientations are scheduled phone sessions**
- **NP follow-ups by phone**
- **Exercise follow ups by phone**
- **Cardiologica APP to track exercise**
- **Social Worker initial and follow ups by phone or OTN**
- **Dietitian initial and follow ups by phone or OTN**
- **All education classes remain through OTN**



Current In Person Services

- NP intakes, primarily face to face
- GXT + Physician Consult are face to face
- Exercise sessions are face to face however limiting class size (masked except for exercise)
- Dietitian and Social Worker have access to do face to face for initial assessments however seeing limited use



Screening



Waiting Rooms



Exercise Equipment Distancing



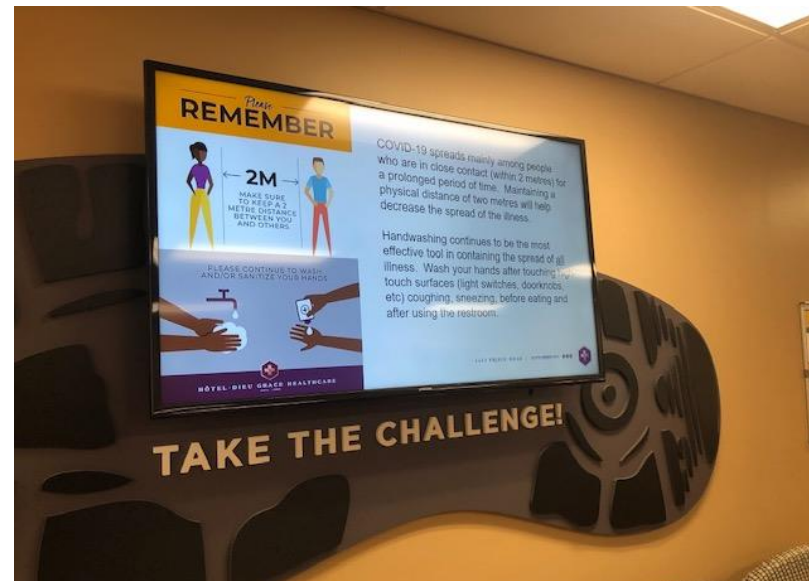
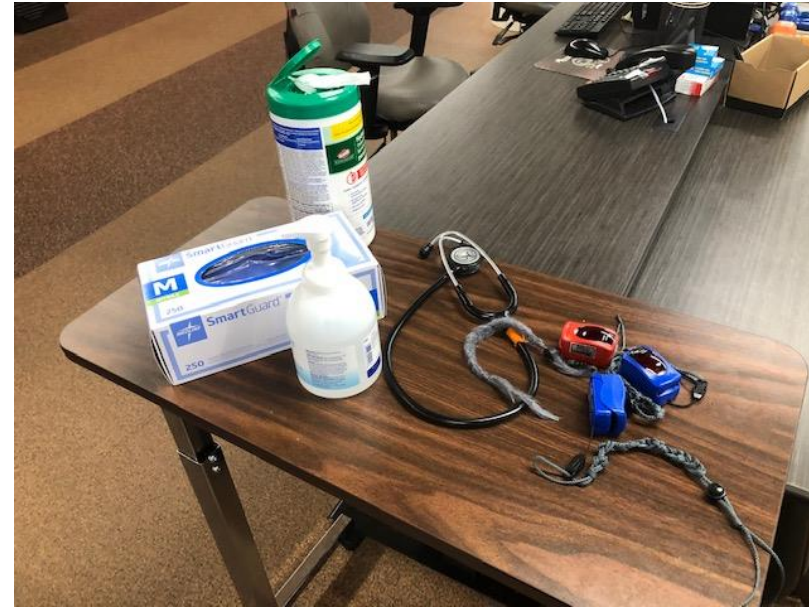
Exercise Equipment Distancing



Warm Up / Cool Down Area Consult rooms



Signage and PPE



Feedback

- **Majority of patients are excited to be able to exercise again**
- **Everyone compliant with masking, hand washing, cleaning of equipment, physical distancing**
- **Considering expansion to weekend exercise sessions**
- **Screening has worked well but has impacted patients who work across the border.**





CHANGING LIVES TOGETHER

thank you

1453 PRINCE ROAD

WINDSOR, ONTARIO | 519.257.5111

WWW.HDGH.ORG



Planning for Onsite Care during COVID-19

Nicole Sandison, MSc R.Kin

Paul Oh, MD MSc FRCPC FACP

Objectives

- Share our planning process for onsite care
- Invite discussion and learn from others

Hospital Directions

- Minimal onsite care (less than 25%)
 - # of visits per patient
 - # of patients in the building at any one time
 - Duration of visits
- IPAC screening, cleaning, physical spacing and PPE
- Protected Code Blue
- Flexibility to shutdown onsite care

New Hybrid Model of Care

- 4 onsite visits + 8 virtual visits, 4 month duration
- Intake assessments, allied health counselling and patient education virtual
- Small group visits (n = 6 patients, 1 staff)
- 60 minutes per visit
- Patients must have a GXT to be eligible for onsite visits
 - If no GXT, offered 12 virtual group visits, 4 month duration

IPAC for Droplet/ Contact Precautions

- COVID-19 screening
- PPE for patients
- Physical and temporal spacing
- PPE for staff



IPAC Cleaning

- Hand sanitizer
- Exercise and related equipment
- Other high touch surfaces



Simulation of onsite care with staff

Protected Code Blue

- Sealed bin (disposable face shields, N95 masks, gowns, extended cuff gloves, Tavish mask)
- Role of Safety Leader



practice protected code blue response



Onsite Visits: IPAC Checklist

Screening

- o Set and confirm schedule to reflect onsite care activities
- o Masks, hand sanitizer
- o Confirm if visitors are allowed
- o Signage/ floor decals to registration area

Registering

- o Set and confirm schedule to reflect onsite care activities
- o Payment options (minimize cash option)
- o Plastic clipboards, pens
- o Masks, hand sanitizer, ~~Cavi~~ Wipes
- o Signage/ floor decals to waiting area

Waiting Area

- o Remove or tape off seating to allow for physical spacing
- o Confirm cleaning schedule
- o Hand sanitizer
- o Signage to support max. occupancy

Washrooms

- o Signage to support max. occupancy
- o Tape off stalls/urinals/ sinks to allow for physical spacing
- o Confirm cleaning schedule

Change Rooms

- o Signage to support max. occupancy
- o Tape off stalls/urinals/ sinks to allow for physical spacing
- o Tape off showers
- o Confirm cleaning schedule

For Each Clinical Area

- o Signage to support max. occupancy
- o Remove unnecessary items from area
- o Identify equipment/ surfaces that cannot be easily cleaned between patient use (e.g., exercise bands, ~~velcro~~, wooden pencils/clipboards etc.)
- o Remove or tape off exercise equipment/ seating to allow for physical distancing
- o Signage and floor decals to support physical distancing
- o Stock with masks, hand sanitizer, ~~Cavi~~ Wipes (or equivalent)
- o Confirm cleaning schedule of area, exercise and related equipment

Code Blue Response

- o Check emergency equipment
- o Update local procedures to reflect protected code blue
- o Order protected code blue bin (PPE)
- o Perform a mock protected code blue response

Water Fountains

- o Disposable cups, signage for use, hand sanitizer
- o Add "bring your own water bottle" to patient information

Elevator

- o Signage to support max. occupancy
- o Floor decals to support physical distancing

Hallways and Stairwells

- o Floor decals to support physical distancing
- o If applicable, signage to support direction of traffic in and out of building

Parking Machine (if applicable)

- o Consider how lineups will be addressed
- o Floor decals to support physical distancing (if applicable)



Perform a simulation of care activities and protected code blue response to identify opportunities for improvement

Discussion

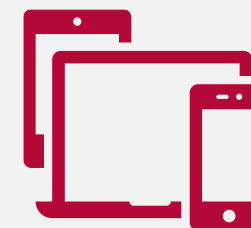


Upcoming Learning Opportunities for Providers/ Patients

Virtual and In-Person Activities/ Services

WOMEN@HEART

PEER SUPPORT PROGRAM LED
BY WOMEN WITH HEART DISEASE
FOR WOMEN WITH HEART DISEASE



DELIVERY MODEL

- **Virtual** meetings
- **Group size:** 6-10 people/group
- **Length of sessions:** 2 hours/session/
Bi-weekly for 6 months
- **Online registration**
<https://cwhhc.ottawaheart.ca/virtual-groups>
- **Contact:** Nelias@ottawaheart.ca



Welcome To HeartWise Exercise

[Show](#)

LOG IN

Remember me

[Forgot your password?](#)



HeartWise
 EXERCISE APP

- Designed for patients with recent cardiac events or rehab graduates, but anyone can use.
- **It's free!**
- For use on phone, tablet or computer.
- Provides personal daily exercise prescription.

Find it here:

heartwiseapp.ottawaheart.ca

Patient Apps – Provider Information Sessions

Heartwise

Host: UOHI

Friday, July 24, 2020

1:00 pm - 2:00 pm

[Register Now](#)

Introducing the HeartWise Exercise App

Learn about the new HeartWise Exercise App; Why it was developed, who should be using it, and what it has to offer. You'll also be guided through a step by step tutorial about how to use it.

Presenters:

- **Jennifer Harris**, Regional and Quality Manager, CVD Prevention and Rehabilitation Outreach, Division of Cardiac Prevention and Rehabilitation
- **Regan Kiefer**, Senior Physiotherapist, Division of Prevention and Rehabilitation
- **Aaron Brautigam**, Clinical Research Coordinator, Division of Prevention and Rehabilitation

Moderator:

- **Melissa Coré-Gunn**, Program Officer, Canadian Women's Heart Health

<http://pwc.ottawaheart.ca/education/heartwise-webinars>

Patient Apps – Provider Information Sessions



Cardiologica Patient App

Host: Central East Regional Cardiovascular Rehab

Thursday July 30 1 pm-1:30 pm

- Microsoft teams.
- For invitation- please email Stephanie Bennett (sbennett@shn.ca) or Karen Harkness (karen.harkness@corhealthontario.ca)

Patients with Heart Failure-Virtual Workshop



**VIRTUAL
NATIONAL PATIENT
WORKSHOP**

JULY 24TH, 2020 FROM NOON TO 4PM ET

www.heartlife.ca



HeartLife
FOUNDATION

The online workshop will include discussion on mental health, cardiac rehab, and the state of heart failure in rural and Indigenous communities. Our kick-off speaker will be Kristy Wolfe, a photographer, and heart mom, who will talk about her family's experience she is capturing through her camera lens.



Next steps

August 25th- Forum Potential Agenda Items

1. Program sharing:

Virtual (live) group activities

- Kyle Baysarowich- Thunder Bay Regional Health Services, Cardiovascular Rehabilitation
- Faith Delos-Reyes- Women's College, Cardiac Rehabilitation and Primary Prevention
- UHN- Virtual group education experience

2. CorHealth Virtual Care Initiative- Findings

3. Heart and Stroke Foundation- Virtual Care Evaluation (TBD)



Thank You!