



## Cardiovascular Rehabilitation Stakeholder Forum #3

Meeting Summary Notes | January 17, 2023; 3:00 - 4:00PM

**GROUPS REPRESENTED:** Approximately 70 stakeholders joined the call with invitations extended to the CorHealth Cardiac Leadership Council, Cardiovascular Rehabilitation Programs, the Rehabilitative Care Alliance, Ministry of Health Partners, 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

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### HIGHLIGHTS

#### Welcome

Carol Chan opened the meeting with a Land Acknowledgement.

Dr. Karen Harkness and Dr. Paul Oh provided introductory remarks and reviewed the meeting objectives:

- To review updated CR data collection results to date
- To continue the dialogue and activity supporting a progressive approach to measure, monitor, and report on the status of outpatient Cardiovascular Rehabilitation in Ontario
- To share experiences and facilitate dialogue on the current activities and models of delivery for cardiovascular rehabilitation (including virtual, in-person and hybrid)

#### Provincial CR Measurement & Reporting Initiative: Updated Results

Dr. Harkness asked the community to let Joy Tabieros ([joy.tabieros@ontariohealth.ca](mailto:joy.tabieros@ontariohealth.ca)) know of any CR programs that have reopened, have been put “on hold”, or have closed since this group last convened.

Dr. Harkness provided a project timeline update, noting the progress and key achievements that have taken place to date, including the completion of 1 year of data collection on the initial cardiac cohort. Thank you to all CR programs for their dedication to the success of this initiative.

Progress update: 37 programs are currently providing outpatient services. Many programs are overcoming the initial challenges to collect and report on cardiac subgroup data. This is a good news story.

Quarterly provincial volumes for CR programs submitting at least 1 month of aggregate data for the initial cohort were presented. Across quarters, CR programs are being added or removed from volume collection. This reflects the dynamic nature of the field right now. Dr. Oh shared that there is a sizeable amount of activity in the province, recognizing that the total number of referrals (~30,000) and total first clinically

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meaningful encounters (~20,000) contribute to an adequate sample size that provides us with meaningful information. The gap is still present, meaning that a third of the referrals do not make it across to their first clinically meaningful encounters. ***How can we narrow this gap? What happens to people who never come to CR at all?*** We know some of the reasons for non-attendance from previous work (i.e., medical, or non-medical reasons). We also know that many people on this trajectory have bad clinical outcomes.

Concerns from a site were raised around reliability of data from EMRs and how that impacts the CR data being verified and submitted to CorHealth. Dr. Oh acknowledged that there are many different EMRs and learnings that have come to light. There is reasonable confidence in the data that is being submitted, as it is simple data. Data quality and verification of data may be a future direction of this work.

Quarterly provincial volumes for CR programs submitting aggregate data for the initial cohort between Oct 2021 – Sep 2022 were presented. There is good consistency from quarter to quarter, though the field remains dynamic, as the system is learning to live with COVID. Monthly provincial totals were presented. The 31 programs who have maintained data flow for over 1 year were recognized. A dip in activity is reflected during the Omicron COVID wave (Dec 2021 – Feb 2022), however overall, there was good maintenance of CR activity. We learned from 2 years of the pandemic that CR programs can operate safely and effectively, provided there is staff retention and presence of virtual platforms that enable the delivery of useful care.

CABG +/- Valve subgroup procedures and CR volumes by OH Region were presented. This visualization illustrates the under availability of programming for this population who needs rehab services. We are gaining a better understanding of who gets a referral based on these procedures. There was a call to action to strive towards achieving as near complete data collection as possible, to inform equitable access to CR services across the province. It was clarified that the number of CABG +/- Valve Procedures are based on where patients live, not where the procedure took place.

A question was raised around volumes of people having CABG/PCI having changed pre-/post-COVID. CorHealth to look at trends over time related to this inquiry and circulate back to the group.

PCI subgroup procedures and CR volumes by OH Region were presented. Dr. Oh noted the difference between PCIs and subsequent referrals to CR is staggering.

CorHealth recommends continuing the initial cohort subgroup data collection for another 3 months. No new layers of data collection will be added at this time. Thank you to all participating programs and the CR community for their continued participation in this important initiative.

**Guest Presentation: Elizabeth Snow & Jessica Pilon-Bignell, Cardiac Health and Rehabilitation Clinic (CHRC) at Hamilton Health Sciences**

The program underwent a paradigm shift in everyday operations from hospital-based supervised programming to self-directed programming with specialist guidance throughout the rehab process. The CHRC flow and program structure were described.

Details on the exercise program were shared. There is no longer a cardiac gym on site at Hamilton General Hospital. The CRHC team has a partnership with the YMCA. Healthy Hearts is part of YMCA LiveWell, a suite

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of supervised exercise and education programs delivered in partnership with Hamilton Health Sciences and McMaster University.

Challenges were highlighted, including program suspensions, multiple staff redeployments, allied health staff turnover, transitioning to a “hybrid” delivery model and the launch of a new hospital EMR, resulting in significant technology interface issues for virtual programming. Opportunities included the ability for patients to be empowered and accountable to themselves and use of virtual care models. Expansions in services are planned for 2023.

It was confirmed that orientation is a combination of in person and asynchronous virtual options.

Forum members are welcome to send any questions about this CR program to [chrc@hhsc.ca](mailto:chrc@hhsc.ca). This is a monitored, shared email account, and inquiries can quickly and easily be directed to the appropriate staff.

Dr. Oh thanked the Hamilton team for their informative presentation. Forum members are encouraged to contact Karen Harkness if they wish to present experiences from their own CR programs as part of the Guest Presentation segment, to facilitate knowledge transfer exchange and to support the wider CR community.

### **Next Steps**

1. CorHealth to circulate CR Forum #3 meeting notes and slide deck to Forum members
2. Programs to continue with usual data collection process, commencing with email from Joy Tabieros ([joy.tabieros@ontariohealth.ca](mailto:joy.tabieros@ontariohealth.ca))
3. CorHealth to circulate a survey to gather feedback from forum members on the measurement and reporting initiative collection and upcoming agenda items
4. Updated findings for the data subgroups and initial cohort will be presented during the next CR Forum (tentative; April 2023).
5. The recording of this Forum can be viewed at: <https://youtu.be/zjxvHxyshY8>
6. All Forum presentations, videos and summary notes can be found on the CorHealth website under ‘Resources for Healthcare Planners & Providers’, ‘Rehabilitation in Ontario’.

Please email Karen Harkness ([karen.harkness@ontariohealth.ca](mailto:karen.harkness@ontariohealth.ca)) or Joy Tabieros ([joy.tabieros@ontariohealth.ca](mailto:joy.tabieros@ontariohealth.ca)) if you have any questions.